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Developing A Therapeutic Alliance In Counseling African American Women

Experiencing Domestic Violence

Doctoral Dissertation Research

Submitted to the Graduate Faculty of

National Louis University, Tampa

In Partial Fulfillment

Of the Requirements for the Degree of

Doctor of Education

Counseling Psychology

By

Andrea Franchell Kenney

August 2021

**Developing A Therapeutic Alliance In Counseling African American Women
Experiencing Domestic Violence**

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ABSTRACT

African American women victims of domestic violence (DV) present with unique experiences, requiring counselors to possess multicultural competencies that can cultivate an alliance in which this cultural group feels comfort and trust in the therapeutic process. While there is an awareness of the complexities in counseling African American women who experience DV, gaps in research reveal a need for counselors to improve cultural competency and gain a contextual understanding of the factors that influence this population's help-seeking behaviors. The purpose of this research was to examine counselors' experiences with and understanding of multicultural competence in developing a therapeutic alliance with African American women who experience DV. Utilizing a phenomenological method of inquiry, 11 counselors in varied mental health disciplines were interviewed to explore how, if, and to what extent multicultural competence impacts the development of their working relationships with African American women DV victims. The findings of this research indicated that cultivating a positive therapeutic alliance requires counselors to have an understanding of the following: factors that encourage clients' belief in the therapeutic process, individual experiences of African American women DV victims that can influence the therapeutic alliance, the impact of systemic racism on help-seeking behaviors, and culturally responsive interventions and approaches that support victims' safety and well-being. Implications for professional practice, along with recommendations for future research, are discussed.

ACKNOWLEDGMENTS

First and foremost, I give honor to my Lord and Savior Jesus Christ. For without Him nothing is possible but with Him and through Him all things are possible! Through His strength, I accomplished what He called me to do.

Secondly, I thank my husband who has been my biggest cheerleader through this five-year process. He reminded me of what God anointed me to do. He endured so that I could succeed. Melvin, you are my protector, my covering, and the best husband any woman could have. I love you and I share this momentous occasion with you!

To my girls, Cierra and Amira, thank you for your patience and understanding as I completed this task. You are two reasons I keep persevering, showing you to never give up on your dreams no matter how tough situations present.

I thank my mother and father. Momma, you taught me how to trust God, no matter the circumstances. Through our darkest moments as a family, you never stopped being mommy. You are the strongest woman I know! Daddy, you are not with me on earth, but I know you are with me in spirit, rallying me on as you did for every milestone in my life. You fought a good fight and I believe I will see you again, playing that saxophone in the Heavens above us!

I thank Minister Ron Lambert for speaking this time into existence and for having unwavering faith in God's plan for my life.

Lastly but certainly not least, I thank Dr. Wesley and Dr. Chabau. Dr. Wesley, thank you for your words of encouragement and hearing my voice. Dr. Chabau, words cannot express the appreciation I have for you. You believed in me from the start of this long journey. Your guidance and support were invaluable!

DEDICATION

I dedicate this dissertation to all the victims of domestic violence. May your strength within allow you to soar high like the eagles. May you know that love is patient, love is kind, love does not hurt, Jesus is love, and you are loved.

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CHAPTER ONE: INTRODUCTION

Problem Background

Counseling African American women experiencing domestic violence (DV) presents many facets that must be taken into consideration in the counselor's approach. Acquiring knowledge of dimensions that are rooted in the complexities of the experiences of African American women is imperative to understanding the clinical implications in counseling this cultural group (Burge et al., 2014). Those dimensions are theoretically grounded and there are therapeutic approaches that have proven effective in supporting African American women.

Despite the acknowledgment of the unique dimensions of counseling considerations, there are gaps in research focusing on counselors' skills and abilities to embrace the depth of cultural and contextual distinction. Those counseling capabilities encourage formal help-seeking behaviors, therefore leading to a decrease in the high prevalence of DV within this culture group (Anyikwa, 2015). While a need for cultural competence in working with African American women victims exists, there is limited research that examines how, if, and to what extent counselors' cultural competence informs their interventions with African American women to encourage positive therapeutic alliances with those victims.

Cultural competency in counseling African American women experiencing DV was noted to be "in its infancy" (Davis et al., 2009, p. 145). Currently, studies are primarily absorbed in research "among all women" who are members of cultural groups other than African Americans (Anyikwa, 2015, p. 948). Additionally, a large number of service providers possess counseling knowledge and skills that are more supportive of

European American culture (Mose & Gillum, 2016). The quest to become a culturally competent counselor must go beyond obtaining surface knowledge of multiculturalism to pursuing a deeper understanding of how their own worldviews shape their approaches, understanding, and responses to African American women who experience DV (Sue & Sue, 2016). This pursuit is an ongoing process of gaining knowledge and appreciation of this group's worldviews that are incompatible with traditional approaches and interventions largely measured from a Eurocentric focus.

Counselors who have an understanding of their reactions to concerns of diversity, multiculturalism, and oppression experienced by marginalized groups are at an advantage in shaping cultural competence (Sue & Sue, 2016). Such knowledge allows them to engage this client group from a more complex and contextual understanding of their unique experiences, and to “hear the voices” of a cultural group whose resilience can be jeopardized by counselors’ inability or unwillingness to approach counseling from an “Afrocentric” perspective (Sue & Sue, p. 12; Taha et al., 2015, p. 562).

A literature review provided a perspective of the phenomenon of DV within the cultural group of African American women. The review constructed a broad picture view of “the multiple and complex, social, political, and historical factors that influence the thoughts and actions of this client culture group” (Al’Uqdah et al., 2016, p. 883). While much of the research provided a comprehensive look at the complexities, theories, prevalence, and approaches to consider when working with African American women, the literature was limited on how embracing a multicultural approach can inform counseling work with this population. In an effort to address that gap, this study will focus on the need for cultural competence in counseling African American women who

experience DV.

There are many complexities in working with African American women who experience DV. Some that compound the phenomenon of DV include, yet are not limited to, social isolation, religion, culture, and systematic oppression (Al'Uqdah et al., 2016; Mose & Gillum, 2016). Because of those complexities, counselors need cultural competence in order to implement “a range of interventions” that will most effectively and comprehensively support the well-being and safety of this cultural group (Roddy, 2013, p. 54). Acknowledging and understanding how a client’s culture and race impact the efficiency of client assessment, the accuracy of the diagnosis, and the effectiveness of treatment is critical in a sound therapeutic approach (Beidel et al, 2014). When there is a lack of consideration of a client’s culture and race in the therapeutic process, the counselor can risk compromising the assessment, diagnosis, and treatment, thus affecting the manner in which the client’s problems are defined and experienced.

Additionally, treatment for clients of color may be inappropriate and ineffective if the counselor lacks understanding of the ways in which the client’s “beliefs, values, and perceptions” can influence the client’s response to intervention (American Counseling Association, 2014; Dziegielewski, 2014, p. 23). Research divulged the struggle minority groups face in “accessing culturally competent mental health services,” as a limited amount of attention has been given to the lack of culturally sensitive practices with minority groups. The lack of focus on cultural competence in supporting marginalized groups has been a barrier to adequate treatment and to the cultivation of positive therapeutic alliances, which can increase access to formal support services and produce “positive therapeutic outcomes” (Tummala-Narra et al., 2012, p. 165).

African American women who seek formal counseling support have been known to present with negative experiences and premature termination of counseling services compared to other cultural groups. Premature termination of DV services is prevalent among African American women, therefore diminishing treatment outcomes. This cultural group is less trusting of formal mental health services and is more likely to seek out informal, rather than formal, supports due to their perception of the former approach being more helpful to them than the latter (Anderson et al., 2019; Taha et al., 2015; Anyikwa, 2015).

African American women victims' perceptions are that "the system is set up for and serviced by" White Americans (Mose & Gillum, 2016, p. 56). In addition, when presented with a situation in which they feel a sense of harsh judgment, African American women will turn to support systems they believe will provide a sense of safety and comfort from the impact of DV (Anyikwa, 2015).

In response to help-seeking behaviors of African American women, cultural counseling competence must be assessed to gain an understanding of the unique experiences of this most vulnerable population, which will allow counseling support to be maximized. However, there is a lack of research on the topic of cultural competence beyond those studies conducted by Al'Uqdah et al. (2016), Taha et al. (2015), Tummala-Narra et al. (2012), and Sue and Sue (2016). Therefore, those resources were relied upon to provide the details of this study. Counselors being aware of the state of the diversity of that cultural group, as well as being cognizant of some of the broader cultural underpinnings "that may create, perpetuate, and exacerbate" DV within the African American community is critical (Al'Uqdah et al., 2016, pp. 879-881; Taha et al., 2015).

Lacking cultural sensitivity in working with this group can lead counselors to treat clients harshly as a result of their internalized racism, harbored feelings of “distrust, anger, or disappointment,” devaluing, and blaming African American women for continued subjection to abuse (Al’Uqdah et al., 2016, p. 881). Al’Uqdah et al.’s (2016) study revealed that when White counselors lack cultural competency as an integral part of practice with African American women, there is a possibility of them unconsciously holding African American women to the cultural norms, ideals, and morals of White Americans.

Additionally, Al’Uqdah et al.’s (2016) research found that some White clinicians deny the influence of race within the therapeutic process; rather, they insist on approaching counseling African American women through a “color-blind” lens (p. 881). Color-blindness is the act of denying race as being an “important aspect of one’s identity” (Sue & Sue, 2016, p. 149). According to Sue and Sue (2016), counselors who view African American women from a color-blind perspective obscure their own understanding of the history and culture that shape African American women’s experiences. They additionally stated that marginalized groups, such as African American women victims, “live under a societal umbrella of individual, institutional, and cultural forces” that can potentially revictimize this cultural group through perpetuating oppression (p. 150).

This study assumes that counselors who practice cultural competence will encourage a therapeutic alliance that produces positive therapeutic outcomes for African American women experiencing DV. When working with African American women victims of DV, counselors whose practices are consistently grounded in multicultural

theory will more embrace the sociocultural factors that impact African American women's experiences with DV. Counselors who understand the unique dimensions that inform African American women's behaviors can assist in supporting this cultural group's physical, mental, and emotional well-being, which can be at risk when no formal support is sought (Anyikwa, 2015). Sue and Sue (2016) stated that in order to go beyond just possessing the knowledge of cultural factors which influence African American women victims' behaviors, counselors must accept themselves as "cultural beings" who seek a deeper understanding of their "own reactions to issues of diversity, multiculturalism, race" and other sociodemographic differences (pp. 11-12).

Purpose of the Study

The intent of this study was to explore and describe how counselors experience and understand the role of multicultural competence in supporting and developing a therapeutic relationship with African American women victims of DV. In addition, the study aimed to extract the most important characteristics of a culturally competent counselor who is able to work effectively with African American women who experience domestic violence. The extent to which counselors embrace a systematic approach to multicultural competence in practice with African American women may be least examined by counselors due to their own worldviews (Mose & Gillum, 2016). Given the fact that African American women have unique needs and dynamics that make them most vulnerable to domestic violence, counselors' cultural competence is essential to addressing domestic violence from an approach that understands protective factors particular to this groups' values and beliefs.

Effective interventions must embrace the racial and cultural differences that exist

in a society dominated by Eurocentric worldviews (Al'Uqdah et al., 2016). An increased understanding of how culture and race inform domestic violence intervention may lead to more effective therapeutic alliance between counselors and African American women victims of DV.

Methodology

This study was guided by a qualitative methodology that framed the research within an interpretive philosophical stance and focused inquiry on counselors' subjective experiences and understandings of counseling African American women victims of DV. Implementation of a qualitative design appropriately aligned with the study's interest in learning how counselors experience and understand multicultural competence in developing a therapeutic alliance with African American women.

Research Question

In an effort to inquire about counselors' experiences in counseling and developing therapeutic relationships with African American women victims, a central research question was: What factors of multicultural competence do counselors experience and understand as influencing a therapeutic alliance with African American women victims of DV?

Participants

For the purpose of this study, a sample of 11 counselors were purposefully identified to participate in individual interviews. The selected counselors were either licensed or non-licensed graduate level mental health counseling professionals holding degrees such as Master of Counseling, Master of Social Work, or Doctor of Psychology who, in the present or past, counseled African American women victims of DV. Although

the United States Census Bureau uses the racial identification of African American or Black, for the purposes of this study, the term African American only will be used to identify the race of the domestic violence victims. Participants were of various age groups, gender, and ethnic and cultural backgrounds.

Data Collection

The method of data collection consisted of in-depth interviews with participants, utilizing a semi-structured interview protocol of one ice-breaker question and seven open-ended questions regarding counselors' experiences in counseling African American women victims of DV. The participants were interviewed for approximately one hour via Zoom, using appropriate privacy and security features. Each interview was audio recorded using Zoom's recording feature. The interviews were transcribed utilizing Professional Transcription, a transcription service offered via fiverr.com. NVivo software was utilized to analyze the data.

Definitions

Counseling: According to McLeod (2006), the term counseling has different meanings and interpretations. Counseling is viewed as “an occupation, discipline, or profession” (p. 5). For this study, counseling is defined as a “professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals,” which is in accordance with the American Counseling Association (Kaplan, Tarvydas, & Gladding, 2014, p. 366).

Domestic Violence: Domestic violence is defined as an abuse of power by one adult in a relationship utilized to control the other adult. For this study, a relationship is defined in the context of a heterosexual relationship with the male being the dominant figure

exerting a pattern of control and fearful tactics over the female who is “commonly at the receiver end” of the violent behavior (Augustine & Idowu, 2016, p. 196).

Formal supports: For this study, formal supports are defined as the help-seeking sources offered by professional organizations such as mental health clinics, private counselors, domestic violence shelters, hospitals, courts, and police departments (Anyikwa, 2015).

Informal supports: Within the context of this study, informal supports are the sources sought out from victims’ personal social networks, such as friends and family, religious leaders, and neighbors (Anyikwa, 2015). Those informal supports can be probable protective factors that may help victims to diminish the effects of domestic violence (Howell, et al., 2018).

Multicultural counseling: This therapeutic counseling process utilizes treatment modalities that reflect the life experiences of diverse clients (Sue & Sue, 2016).

Multicultural counselor competence: For this study, a culturally competent counselor is one who is self-aware of their worldviews and how they affect the worldviews of the culturally diverse, who is knowledgeable of the worldviews of the culturally diverse, and who has the ability “to determine and use culturally appropriate intervention strategies when working with” the culturally diverse (Sue & Sue, 2016, p. 58). A counselor who is culturally competent possesses a set of attitudes and behaviors that allows them to “establish, maintain, and successfully conclude a counseling relationship with clients from diverse cultural backgrounds” (Lee, 2012, p. 9).

Protective factors: Within the context of this study, protective factors are those conditions and elements that can enhance victims’ ability to function beyond their experience with domestic violence (Howell et al., 2018).

Therapeutic Alliance: A working relationship between the client and the counselor characterized by collaboration, empathy, warmth, and genuineness (Sue & Sue, 2016). Additionally, a therapeutic alliance is a measure of the strength of the counselor- client relationship (Taft et al., 2016).

Victim: For this study, the term victim refers to an African American woman in a heterosexual relationship who is a target of domestic violence by her significant other. That violence can include, yet is not limited to, physical, verbal, sexual, psychological, and economic abuse, some of which may cause injury or death (Allen & Javdani, 2017; Shapiro, 2017; Nicholls & Hamel, 2015; Sullivan, 2011).

Significance of Study

African American women experience domestic violence at a higher rate than any other cultural group, subjecting them to an increased risk of low self-esteem, feelings of hopelessness, suicidal ideations, and self-doubt (Taha et al., 2015). According to Taha et al. (2015), those psychological risks require interventions to include formal supports, which African American women view as being least helpful in combating the mental and emotional effects domestic violence. African American women victims are less trustful of formal counseling supports than women of other cultural groups and view informal supports as being more helpful in meeting their needs (Anyikwa, 2015; Taha et al., 2015).

African American women victims' distrust of formal supports, and tendency to seek out informal means to address mental health needs, suggests the need for culturally sensitive practice in supporting that population group (Taha et al., 2015). While much literature addressed the risks to African American women victims, as well as the causes and effects of DV within this group, literature addressing the cultural competence of

counselors is limited. This study focused on cultural competence as critical for counselors maximizing formal support services to African American women victims of DV, thus making them more able to effectively address the risks, effects, and causes of domestic violence. This study also served to spark counselors' self-awareness of worldviews that can be met with resistance and therefore interfere with best practices in working with African American women victims (Sue & Sue, 2016).

In order to avoid creating barriers to a positive therapeutic alliance, counselors' ability to relate to the African American cultural system and values is critical (Mose & Gillum, 2016). The cultural norms of African American women can be a barrier to their engagement in formal support. This study illuminated those cultural beliefs and practices that influence African American women's help-seeking behaviors, thus encouraging a multicultural approach to counseling. The intent was to inform practice and encourage counselors to employ a therapeutic process that "uses modalities and defines goals consistent with life experiences and cultural values" of African American women victims of domestic violence (Sue & Sue, 2016, p. 54).

Summary

The goal of this study was to cultivate an understanding of the relationship between culturally competent counselors and therapeutic alliances in the practice of domestic violence counseling with African American women victims. This study explored critical counseling competencies that guide the field of practice towards an honest confrontation of those "unpleasant social realities and accepting responsibility for changing them" so that the counseling profession is equipped to advance in providing culturally sensitive counseling services to African American women experiencing

domestic violence (Sue & Sue, 2016, p. 111).

While the few previous studies focused on the reasons culturally informed practice with African American women victims is critical, a gap existed in knowledge as to the cultural competencies needed to develop a therapeutic alliance with that population group. This study addressed that missing information. The results of this study can guide counselors' practice with African American women victims, thus breaking barriers to African American women's formal help-seeking behaviors (Anyikwa, 2015).

Chapter Two contains the literature review on aspects of cultural competence and therapeutic alliance and is a comprehensive examination of counselors' cultural competence in counseling African American women victims. Within that chapter, the phenomenon of domestic violence is discussed to provide a perspective on the larger context in which African American women victims' experience violence. In addition, the chapter addresses how an understanding of those factors can help inform the therapeutic alliance. The research methodology is discussed in Chapter Three. Chapter Four provides an examination of the results, followed by discussion, conclusions, and recommendations in Chapter Five.

CHAPTER TWO: REVIEW OF THE LITERATURE

This chapter explores existing literature on domestic violence and counseling support to African American women. In an effort to provide a holistic view and establish validity of this study, the literature review includes a history on the phenomenon of domestic violence related to the experiences of women and, more specifically, African American women. The focus of the review also includes an examination of intervention with this cultural group, protective factors, multicultural counselor competence, and considerations of the therapeutic alliance in counseling African American women.

Phenomenon of Domestic Violence

Domestic violence (DV) is a phenomenon that affects women of all backgrounds, including, but not limited to, ethnicity, culture, race, and age. According to the National Coalition Against Domestic Violence (NCADV) (2020), 20% of violent crimes are due to DV, with domestic violence hotlines receiving over 19,000 calls a day. According to Howell et al. (2018), one in three women experience DV, which equates to approximately seven million women a year. Approximately 550,000 women a year are seriously injured as a result of domestic violence, making DV the 12th leading cause of death for women in the United States (Burge et al., 2014). The NCADV (2015-2020) additionally noted that 76% of women experience domestic violence, with half of those women being murdered by their abuser.

In addition, the estimated cost of treating women who are physically and psychologically affected by domestic violence is between 5.8 billion and 12.6 billion dollars annually, as they have more physical and mental health issues than do women with no history of experiencing DV (NCADV, 2020; Burge et al., 2014). Gaman et al.,

(2017) reported domestic violence as a serious social problem that can cause its victims to suffer from mental health conditions. The NCADV recorded suicidal ideation and depression at a higher rate in the population experiencing DV than any other mental health conditions.

With DV being unreported or underreported by some racial groups, the noted number of women experiencing DV could be misrepresented in the literature, increasing the possibility of limited implications for the risks, causes, and interventions associated with women victims of DV (Al'Uqdah et al., 2016). Within the context of this study, those individual, community, societal, and relational risk factors linked to a greater prevalence of domestic violence within the African American culture will be discussed.

Additionally, while the cause of DV is multifaceted, this study examined those complex factors such as family stressors that can interrupt a steady state of family functioning, causing domestic violence. Understanding those risk factors and causes of DV within the context of victims' experiences will require action that takes into consideration the environmental influences that perpetuate the cycle of violence within the family system (Burge et al., 2014).

Power and Control

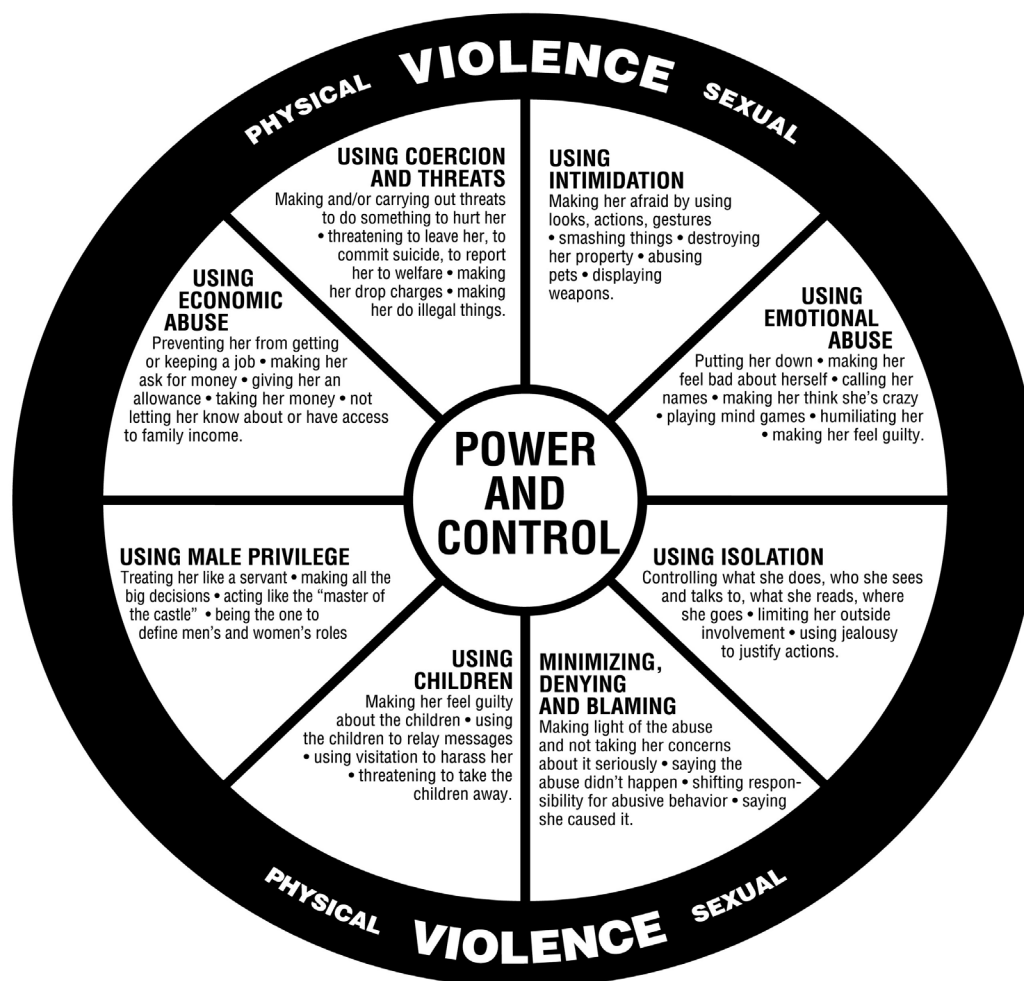
Physical violence alone is not representative of domestic violence; rather, there are many forms of domestic violence that have similar effects and are interrelated based on the perpetrator's desire to gain power and control over the woman (Augustine & Idowu (2016); Candela, 2016). Domestic violence endured by women can include physical, psychological, social, financial, and sexual abuse (Augustine & Idowu, 2016). Viewing domestic violence as multifaceted in nature and taking into account not only the

physical abuse but also the emotional and economic abuse women endure provides a holistic understanding of victims' experiences (Candela, 2016; Katz, 2016).

In the late 1970s, the Duluth Domestic Abuse Intervention Project, or Duluth Model, was formed to bring attention to the societal issue of abuse against women (Price, 2012). In an effort to assist in explaining the pattern of abuse, the Power and Control Wheel was developed in 1984.

Figure 1

Power and Control



Note. Domestic Abuse Intervention Programs, 202 East Superior St., Duluth, Minnesota 55802; 218-722-2781; www.theduluthmodel.org

The Power and Control Wheel details domestic violence for the victims, perpetrators, workers of the criminal justice system, and the community (Domestic Abuse Intervention Programs, 2017). Price (2012) further noted that the motivation for developing the Duluth model was to bring attention to the “societal processes of oppression and domination” of domestic violence, thus broadening the “consideration of institutional and cultural supports” for women experiencing domestic violence (p. 25). Price stated that the Power and Control Wheel is utilized throughout the United States to depict the many tactics abusers use to gain power and control over women victims. The tool continues to be used not only in the United States but worldwide in various counseling and educational settings with diverse cultural groups (Domestic Abuse Intervention Programs, 2017).

As depicted in the Power and Control Wheel, the many tactics are intended as means to gain power and control over the woman. Using nonviolent tactics to obtain and maintain authority over the woman is known as coercive control; it involves a variety of strategies to isolate, control, intimidate, humiliate, exploit, and degrade (Crossman & Hardesty, 2018; Katz, 2016).

Coercive control has been the focus of recent research to examine and understand the tactics of abuse and the root cause of violence against women: the abuser’s desire for power and control (Crossman & Hardesty, 2018; Price, 2012; Sipe & Hall, 2014). The theory of coercive control was originally developed by Dr. Evan Stark. In 1995, Stark (2007) began his research on coercive control, which explained domestic violence as more than just cycles of physical abuse, but a pattern of controlling behavior exhibited by the abuser to deprive victims of their right to self-determination, dignity, and social

support systems. His theory of coercive control was inspired by the pedagogy of the Power and Control Wheel and his desire to advocate and seek justice on behalf of battered women without minimizing the abuse suffered. In addition, Stark sought to convey the economic, political, cultural, and social factors that limit victims' autonomy. Coercive control has rarely been recognized as a form of domestic violence and continues to be marginalized in reforming domestic violence policies and laws (Stark, 2007; Candela, 2016).

Acknowledging the continued need for domestic violence law reform, Candela (2016) added to Stark's argument on coercive control, asserting that current laws are limited to the protection afforded to victims; therefore, including Stark's definition of coercive control to domestic abuse statutes can most effectively and comprehensively address the complexities of domestic violence endured by victims.

According to Adams and Beeble (2019), one tactic that has been noted as warranting attention is abusers' utilization of children to obtain power and control. Abusers will threaten to take away the children, harm, kidnap, or even kill the children if the woman leaves the abuser. This tactic is detrimental to both the woman and children's mental, emotional, physical, and social well-being.

Children who are exposed to domestic violence can suffer from fear and anxiety, expressing grave concern for their own well-being and the well-being of their parents and other members of the household. Compared to their peers, those children are three times as likely to exhibit violent behavior, have limited social skills, and are at greater risk of becoming abusers or abused, or of developing health problems such as obesity, depression, or substance abuse (NCAVD, 2015).

Katz's research (2016) suggested that children's relationship with their mothers can be compromised as a result of the abuse and control exerted over the mother, leaving children "feeling sad, annoyed, and angry" when they are not allowed to spend quality time with their mother (p. 53). Additionally, children are often restricted in social activity, which isolates them from friends and families. This separation from their social support can contribute to withdrawn behavior and underdeveloped social skills.

The threat and intimidation toward children increase women's fears, and causes them to endure continued abuse and control, fearing their abuser will bring physical harm or even death to their children if they decide to leave the abuser (Crossman & Hardesty, 2018; Mose & Gillum, 2016). In addition to fear, victims endure prolonged isolation from social supports, as well as depression, anxiety over the threat of losing custody of their children, and feelings of helplessness in their ability to protect themselves and their children from the abuse (Mose & Gillum, 2016; NCAVD, 2015).

The tactic of economic abuse has surfaced as another element that is important to explore in providing support to women exposed to domestic violence (Adams & Beeble, 2019). According to the NCADV (2015), approximately 94-99% of victims experience economic abuse, with 21-60% losing employment due to domestic violence. Adam and Beeble (2019) noted the use of economic abuse not only threatens a woman's financial independence, thus keeping the woman dependent upon the abuser, but also affects the woman's psychological well-being due to the ongoing stress of financial instability.

As a result of economic abuse, victims of domestic violence find themselves engaging in a challenging process of breaking away from the cycle of abuse and rebuilding their lives (Crossman & Hardesty, 2018). These noted tactics and others that

involve isolation, intimidation, and blaming the woman are all about the system of power and control in which the violence is the act that keeps the system intact (Price, 2012).

Whether used alone or coupled with physical violence, coercive control can have lasting effects that influence a woman's decision to remain with the abuser (Crossman & Hardesty; Candela, 2016; Katz, 2016; NCADV, 2015). Why women remain in abusive relationships is a question often asked, but one that cannot be fully explained due to the complexities of domestic violence (Augustine & Idowu, 2016; Sipe & Hall, 2014; Gumani & Mudhovozi, 2013).

Why They Stay

Explanations vary as to why women remain in abusive relationships, and include low self-esteem, personal choice, self-gratification, psychological and behavioral dysfunctions, and helplessness to break away from the cycle of violence. Misconceptions about the reasons women remain with their abusers fail to acknowledge the reality of victims' experiences that are multiple and complex and can influence their decision to leave (Sipe & Hall, 2014; Price, 2012). Fear, lack of financial resources, limited or lack of support systems, love for their abuser, cultural values, and embarrassment are some of the complex factors that explain victims' reasons for remaining with their partner (Augustine & Idowu, 2016; Sipe & Hall, 2014).

Of those explanations, Sipe and Hall (2014) posited that fear is undoubtedly the most riveting reason victims stay with their abuser. Many women experiencing DV are crippled by their fears. Making the decision to leave her abuser often seems impossible when a woman has received threats of losing her children or of harm being done to her children (Crossman & Hardesty, 2018; Sipe & Hall, 2014).

The most dangerous time in an abusive relationship is when a woman makes the decision to leave her abuser. Chances of victims being murdered by their abuser are higher during divorce, separation, or the threat of separation (NCADV, 2015; Sipe & Hall, 2014). The uncertainties of a future apart from the abuser can be daunting and a strong influence on victims' decision to remain in the relationship (Augustine & Idowu, 2016; Price, 2012). Many victims are restricted from working outside of the home and having access to household finances, causing economic dependence upon their abuser. Faced with those economic constraints, victims are reluctant to separate from their partner (Price, 2012; Gumani & Mudhovozi, 2013; Sipe, 2014). Ismayilova et al.'s (2018) research reaffirmed economic disempowerment as a contributor to continued DV and argued that victims who have economic autonomy over their household resources are in a better position to make sound decisions about leaving or remaining in abusive relationships.

Many victims love their abuser and hold religious convictions about the sanctity of marriage, which also makes the decision to leave an abusive relationship difficult (Mose & Gillum, 2016; NCADV, 2015; Sip & Hall, 2014). For other victims, firmly embedded cultural norms and values pressures them to remain and endure the abuse (Mose & Gillum). For women of color, who face the unsettling reality of structural and institutional violence that extends beyond poverty, racism, colonization, and campaigns of sterilization, leaving their abuser is a farfetched decision (Price, 2012). The process of leaving an abusive relationship can be hindered by lack of knowledge of where to find support when violence within their private space is misunderstood, condoned, and supported by society (Gumani & Mudhovozi, 2013; Price, 2012). Viewing a victim's

space of violence through “the perception, and the reality of domination by the dominant culture” allows for a better understanding of the reasons she is unable or unwilling to leave but rather continues in the construct of violence built by the abuser and those forces surrounding and influencing the space of domestic violence (Price, 2012, p. 128).

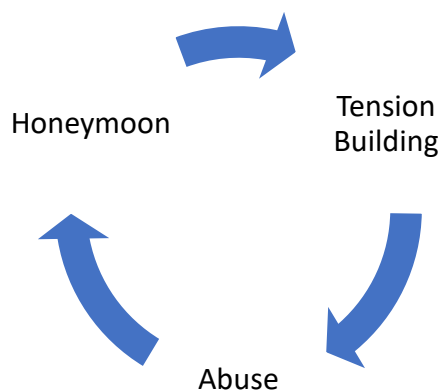
When facing the decision to leave or remain in an abusive relationship, African American women, particularly those of low economic status, must consider the realities of limited economic resources and insufficient support systems in sustaining their quality of life apart from the abuser, who controls the victim’s access to resources and social support systems (Taha et al., 2015). According to Ogbonnaya (2015), African American women’s fear of losing their children and being punished by the child welfare system “for being poor, African American, and abused” is another reality that influences that cultural group’s decisions to leave or remain with their abuser (p. 243). Ogbonnaya (2015) additionally stated that because current interventions “may lack cultural relevance,” reunification efforts may be in jeopardy as a result of the inability to resolve the continued threat of domestic violence through the currently offered supports (p. 243). Supports are insufficient because the phenomenon of DV consists of personal, sociocultural, and situational factors that are extremely complex and difficult to unravel.

Etiology

While an argument has been made that mental illness or other psychopathology is the cause of domestic violence, there is no “simple cause-and-effect” of DV (Burge et al., 2014, p. 260; Sipe & Hall, 2014). The etiology of domestic violence can vary, depending on the type of abuse and control that is present in a relationship (Mahapatro, Gupta, & Gupta, 2014).

According to Burge et al. (2014), chaos theory and complexity science provide an understanding of the intricate and interwoven nature of DV. Rather than viewing DV as a phenomenon resulting from a pattern of individual violent behavior, complexity science and chaos theory suggest that DV should be examined as a pattern of violent behavior developed as a result of complicated and unordered interactions between members of the family system. That system adapts to a chaotic environment of abuse to produce “a steady state” of normality for the family, which is reinforced by social attractors of, among other things yet not limited to, family ties, economic commitments, psychological manipulation, personal stressors, physical aggression, substance abuse, and social isolation, all of which cause the family system to continuously cycle through abuse (Burge et al., 2014, pp. 260-261).

Burge et al. (2014) also stated that understanding domestic violence in the context of complexity science encourages practitioners to account for environmental factors that cause stress and influence family behavior. Findings from their study of 145 women revealed that domestic violence, rather than being a phenomenon caused by a single etiology, is “a web of chaos that is difficult to untangle” (p. 260). Such mayhem is marked by external and internal influences that each partner brings to a relationship, thus causing a pattern of unpredictable and abusive behaviors. The pattern of abuse can interrupt a “steady state” of family functioning, causing the actions of family members to “alternate between abuse, control, and tenderness,” which equates to the vicious cycle of violence (Burge et al., 2014, p. 260-261) depicted in Figure 2. That feedback loop keeps women under the power and control of their partner through “intimidation, isolation, and terror-inducing violence or threats of violence” (Dichter et al., 2018, p. 596).

Figure 1*Depicted Cycle of Violence*

A change in understanding the cause of domestic violence involves a shift from viewing and explaining it “as a single broad phenomenon” to defining it through typologies which allow practitioners to address this phenomenon by categorization (Dichter et al., 2018, p. 597). Dichter et al. (2018) detailed those typologies as follows: coercive controlling violence, situational couple violence, mutual violent control, and violent resistance.

The first category Dichter et al. (2018) described, coercive controlling violence, takes on a different form than the other typologies in that violence of that type exists to establish and maintain power and control. They stated that domestic violence categorized as coercive controlling violence can be distinguished from the other types of violent behavior by the frequency and severity of violence inflicted upon the woman, the elevated risk of violence during the leaving process, and the presence of mental health concerns associated with the trauma of DV that existed during and long after the inflicted violence.

Secondly, situational couple violence often involves both partners engaging in

violent behavior and is noted as the most commonly reported violence. This typology is motivated by conflict resolution, rather than by power and control. That motivation to resolve an arising conflict with violence is specific to the couple's situation and occurs less frequently than DV (Dichter et al., 2018).

Dichter et al.'s (2018) explanation of situational couple violence provided an expansion on past research describing that type of violence. According to Stith et al. (2011), situational couple violence arises out of couples' desire to address an issue. As a result of that inclination, the couple will engage in conflict marked by minor violence that "unintentional and rarely escalates to severe, life-threatening violence" (p. 15).

The third typology, mutual violent control, is coercive controlling violence displayed by both persons in the relationship with the possibility of one person being dominant (Crossman & Hardesty, 2018; Dichter et al., 2018). The last categorization described by Dichter et al. (2018) is violent resistance. This behavior is displayed by the victim in self-defense or retaliation to coercive controlling violence inflicted by the abuser. Past research described violent resistance as a pattern of violent and nonviolent behavior that surface as a measure to self-protect against the power and control that characterize DV (Stith et al., 2011). Additionally, the acts of violence are passive aggressive and a plea for the abuser to end the control and violence inflicted upon the victim.

Etiology and African American Victims of Domestic Violence

Combating the pervasive and continuous problem of DV must include counselors recognizing and addressing DV as part of a complex system of family interactions (Burge et al., 2014). According to Wilson, et al. (2015), domestic violence surfaces in the midst

of “social oppressions that shape and compound the impact of abuse” (p. 588). That situation is particularly true for “women who are marginalized by virtue of race, class, gender, sexuality, ability, or other social locations” (p. 588).

Burge et al. (2014) noted domestic violence as a product of a family system of interactions complicated by environmental influences that must be understood in the context of African American victims’ experiences. African American males are often stereotyped as being “violent, aggressive, and angry,” thus perpetuating the idea that the African American male is to be solely blamed for the violence inflicted upon the women in their culture.

Such notions limit clinical implications for supporting African American women in that clinicians and other service providers would be unable to consider “the larger societal factors” that also contribute to DV experienced by African American women. In addition, DV within the African American community is “large and complex,” having no single cause but rather many, including, yet not limited to, unemployment, low socioeconomic status, residence in disadvantaged communities, exposure to racism, and “the social, political, and historical remnants of racism” dating back to slavery (Al’Uqdah et al., 2016, pp. 879-880).

According to Al’Uqdah (2016), systemic oppression and isolation are prevalent within the African American women’s social environment. For this group, the impacts of social oppression trace back hundreds of years to the institution of slavery, resulting in systematic consequences for the African American family. The oppression of slavery might serve as an explanation of the complexities of DV, given that it exposed the African family to violent and controlling behavior, thus teaching African American males

that such behavior is acceptable to exert power and gain control (Al'Uqdah et al., 2016, p. 877).

Additionally, Mose and Gillum's (2016) study found that African women immigrating to the United States face complexities that perpetuate the cause of domestic violence. For some of those African women, the experiences of immigrating, acculturating, and leaving their birth country to settle in America compounds their experience with DV. The external factors of culture and religion, immigration laws, barriers with language, social isolation, and lack of financial resources are a few of the influences that suppress these women and may cause them to "feel trapped in abusive relationships" (p. 51). Understanding how the "African family structure, traditions, customs, and men's sexism" can compound DV is key to effective intervention with those women (p. 51).

Al'Uqdah et al. (2016) argued that the African American family has the most traumatizing experiences that can lead to "interpersonal violence between family members" (p. 877). Poverty, unemployment, lack of education, personal experiences with violence, and cultural attitudes of misogyny are those external and complex forces that may cause an imbalance in family functioning. Those factors tend to ignite the behavior of domestic violence in the home environment, as well as influence the women's behaviors regarding seeking help. While sound evidence is scarce to confirm that the African American family is more likely to engage in DV than their Caucasian counterparts, the social oppression experienced by the African American family may act to "create, perpetuate, and exacerbate" DV within the African American culture (Al'Uqdah et al., p. 879; Anyikwa, 2015; Burge et al., 2014)

Effects of Domestic Violence

According to the NCADV (2015), the United States averages nearly 20 individuals per minute who are physically abused, with 1 in 3 women experiencing some form of physical abuse, and 1 in 4 women victims suffering severe physical abuse. In addition, the national abuse hotline receives more than 20,000 daily phone calls of domestic abuse reporting. With the increasing occurrence of DV, mental health professionals and other service providers must be equipped to offer supportive interventions that are relevant to the presented situations and are effective in meeting the complex needs of each individual DV victim (Binkley, 2013).

In an effort to address the complexities and effects of DV, interventions and strategies utilized by providers must be able to address the array of contributing factors that compound DV (Al'Uqdah et al., 2016). The abuse can lead to severe physical ailments and various psychological problems that may include, yet are not limited to, phobias, dysthymia, depression, anxiety, suicidal ideations, posttraumatic stress disorder (PTSD), and substance abuse (López-Fuentes & Calvete, 2015; Howell et al., 2018; Wilson et al., 2015; Burge et al., 2014). The mental abuse women are subjected to can result in “emotional dependence, low self-esteem, and isolation,” all of which require clinicians to be knowledgeable and skilled in assessing victim needs and implementing effective interventions that will encourage victims to explore their thoughts and feelings so that the healing process can begin (Binkley, 2013, p. 307).

Domestic violence is the number one public health issue for African American women, who have a higher rate of major depression, PTSD, anxiety disorder, suicidal ideations, and fatal injuries (Al'Uqdah, 2016; Fischer et al., 2016). In a study of 451

African American women victims who came to a medical emergency room, 6% of the women reported suicidal ideation and were 2.5 to 2.8 times more likely than their non-abused peers to attempt suicide (Fischer et al., 2016).

In addition, African American women DV victims are more susceptible to the stress of parenting, which can impact parenting behavior, thus igniting fear of losing custody of their children who are emotionally, mentally, and physically impacted by the exposure to domestic violence (Howell et al., 2018; Katz, 2016; Ogbonnaya, 2015). According to Taha et al. (2015), the psychological effect of domestic violence may be more impactful for African American women of low-socioeconomic status due to the stress of being financially unstable and unable to secure housing, childcare, or other necessities critical to supporting their well-being. Taha et al. (2015) further argued that the stress of financial instability can increase African American women's feelings of hopelessness and cause them to lose confidence in their worth and ability to be self-sufficient.

As with women belonging to other culture groups who experience economic abuse, African American women may perceive themselves as experiencing a diminished quality of life when there is a threat or actual loss of resources. This perception can have a profound and potentially long-lasting effect on the victim's psychological well-being (Adams & Beeble, 2019).

Intervention and African American Women

Considering the complexities of the issues that exist in working with African American women, Roddy (2013) suggested that clinicians and other service providers acquire and implement "a range of interventions" that will most effectively and

comprehensively support the well-being and safety of these women. The complexities of DV are what makes identifying and applying “a preferred approach for domestic violence counseling” challenging (pp. 54-58). While there is recognition of the complexities and identification of interventions and strategies in working with DV victims, more research is warranted to focus on the complex factors specific to working with culture groups of individuals of color.

There are distinct differences between racial and ethnic groups’ experiences, including those that are unique to African American women, who are “subsumed in research among all women” experiencing DV (Anyikwa, 2015, p. 948). The absorption of such facts can be seen in a study that examined women’s thoughts and feelings about counseling approaches. Roddy’s (2013) study concluded that victims felt most supported and more inclined to engage in and return to counseling if the therapeutic environment offered consistency, a non-judgmental attitude, and an understanding of DV and the impact DV has on women.

Because the Roddy (2013) study was limited to the experiences of White victims in Great Britain, generalization to women of color was limited to the uniqueness of the sampled group rather than African American women who have distinct, complex experiences that are critical to consider for effective intervention. Another study involved an examination of “the non-linear day-to-day dynamics of” DV “with implication for clinical practice” in working with victims. Of the 145 participants, 5% of the women studied were African American (Burge et al., p. 259). Those factors address the limitations of some research in applying and understanding the results in the context of African American women’s daily experiences with domestic violence and the implication

for multicultural counseling.

Howell et al. (2018) found that, although the complexities of DV travel across all racial and ethnic boundaries and require approaches which examine the “complex, interrelated system of factors” that can serve to strengthen all women’s abilities to recover from the inflictions of DV, the African American culture group stands out the most as needing special and unique attention to social-ecological protective factors (p. 439). Howell et al. (2018) stated that spirituality, social support, community cohesion, level of violence, and ethnic identity are all factors that add to the complexities and challenges of supporting African American women experiencing DV.

While strategies and interventions exist that have proven effective with DV victims, including African Americans, there are interventions and strategies noted most effective with diverse cultural groups (Binkley, 2013). According to Al’Uqdah et al. (2016), there is a great need for practice with female African American victims to be “grounded in multicultural theory” which can complement traditional approaches to treating this cultural group (p. 881). They reported that, for African American women, DV is experienced at a higher rate than any other racial group in the United States. The lethality of this group is critical to assess, as African American women “are more likely to kill their partner” and “more likely to be killed” by their partner (p. 878).

In an effort to address this problem, counselors must extend beyond the traditional approaches of intervention, which can overlook cultural influences or pathologize unique behaviors or values of people of color and incorporate interventions and strategies that are culturally sensitive (Sue & Sue, 2016; Al’Uqdah et al., 2016). Culturally sensitive treatment approaches consider African American women’s thoughts and behavior in the

context of their cultural norms, rather than in the context of the values and experiences of a Eurocentric culture (Mose & Gillum, 2016).

Therapeutic approaches to treating African American women should include support for parenting skills geared toward prevention of maladjustments and deficits in the children, safety planning, and victims' "desire to either remain in the relationship or leave in a manner that respects and promotes her autonomy and sense of empowerment" (Al'Uqdah et al., 2016, p. 881). Al'Uqdah et al.'s (2016) findings revealed that expecting or asking African American women to leave their abusive partner is not always the most effective approach, due to their tendency to want to protect their partner from further scrutiny and the racism that exists toward Black men. Implementing strategies of safety planning may be most appropriate in embracing African American women's autonomy and their need to present as the cultural archetype of the strong Black women in the face of both sexism and racism.

Counselors are most effective in their approach with African American victims when their theoretical framework includes current and historical systems that work together to combat DV (Al'Uqdah et al., 2016; Anyikwa, 2015; Mose & Gillum, 2016). In light of that fact, restorative justice, Intimate Abuse Circles (IAC), and community-based approaches are culturally sensitive modalities found to be effective with African American victims due to "their focus on ameliorating the specific social, historical, political, and environmental risk factors that are unique" to the African American culture impacted by DV (Al'Uqdah et al., 2016, p. 883).

Restorative justice is a theory and practice that encourages and reinforces the process of restoring health and relationships in contentious situations (Beck et al., 2015).

An important element of the process includes the involvement of all individuals, to the extent possible, who are vested in identifying and addressing the harmful acts, needs, and accountabilities that can lead to viable solutions (Zabel et al., 2017).

Another method of counseling, Intimate Abuse Circles (IAC), is an approach utilized to address couples' desire to heal their relationship and remain together without the threat of abuse (Al'Uqdah et al., 2016). Additionally, IAC is a process that seeks to limit law enforcement involvement in determining the best course of action to eliminate the domestic violence. In contrast to IAC and restorative justice, community-based interventions have a philosophical approach that requires the involvement of community members in addressing issues that impact the community at large (Serrata et al., 2017; Al'Uqdah et al., 2016). Serrata et al. (2017) further contended that community-based intervention looks beyond individual needs by incorporating "change at a systemic level to meet the dynamic needs of the community" (p. 158).

Counselors who incorporate restorative justice and the IAC approach into practice recognize DV as a phenomenon affecting the victim and also "the abuser, and the community at large." Counselors consider the involvement of the victim, abuser, and the community in an attempt to identify causes, solve problems, and limit the violence occurring within the home. The community-based approach believes that DV is a community problem and must be addressed in the context of the community (Al'Uqdah et al., 2016, p. 882).

Although the restorative justice approach has been utilized as a culturally sensitive means to combating DV, more research on the effectiveness of this approach is warranted. Given that domestic violence is identified as a major and disturbing

phenomenon within many African American communities, an approach based in that environment can offer advantages in DV prevention and intervention. Stakeholders within the community that can influence DV situations include, yet are not limited to, educators, law enforcement officers, health care providers, parents, couples, religious leaders, policy makers, and organizations (Al’Uqdah et al., 2016; Taha et al., 2015). Al’Uqdah et al. (2016) believed a community approach works toward having an impact on “multiple aspects of the social environment in which African American couples and families reside, including community attitudes, norms, and policies” which can perpetuate DV (p. 882).

In addition to interventions capable of addressing African American women victims’ experiences in the context of their social environments, there is a critical need for supports that cultivate trust and empower victims, no matter where they may be in the process of breaking the cycle of violence and its psychological effects (Wahab et al., 2014). A study by Wahab et al. (2014) examined the effectiveness of Motivational Interviewing (MI) in addressing and reducing depression among 59 African American victims of DV. The participants were engaged in a six-month, multi-faceted individual MI intervention, coupled with cognitive behavioral therapy and psycho-education.

MI allowed for a collaborative, client-centered approach that focused on motivating victims to positive change through empowerment. The characteristics of MI formed a framework that focused on victims’ “strengths and self-efficacy” to empower, provide choice, and embrace the victims’ perspective on their situation (p. 293). MI helps counselors to better understand DV victims’ worldviews, values, and life experiences, and thus to encourage victims’ self-determination throughout the process of change.

Participants of the study “spoke in an overwhelmingly positive manner about their experiences with the intervention” and reported “feeling understood, respected, accepted, and listened to” by counselors (p. 297).

While the above-mentioned interventions are not exclusive to supporting African American women victims, they provide a clearer view of the need for culturally sensitive intervention in recognizing and embracing the unique experiences of this cultural group. Anyikwa (2015) contended that further research is needed that focuses on the cultural needs of Black women, therefore maximizing support to that cultural group.

Protective Factors

Given African American women’s unique experiences with domestic violence, their help-seeking patterns may be different than those of other racial and ethnic groups in that African American women are more likely to rely on informal supports in recovery from the psychological effects of domestic violence. While programmatic responses to domestic violence are rooted within various formal support systems, informal supports are noteworthy in addressing the effects of domestic violence (Sullivan et al., 2018; Anyikwa, 2015). Informal supports may include victims’ family, friends, and spirituality, all of which provide support for survival in a society that tends toward intolerance of worldviews, beliefs, or behaviors that differ from what is considered the norm (Howell et al., 2018; Sue & Sue, 2016; Anyikwa, 2015). Counselors who lack understanding of the cultural context that is present in working with African American women can “underestimate the extent of violence experienced and thus might not provide appropriate protections” (Mose & Gillum, 2016, p. 57). Therefore, understanding African American women’s protective factors and the strengths that shape their help-seeking behaviors may

assist in enhancing culturally informed practice with this group, thus reducing barriers to seeking formal help. (Sullivan et al.; Sue & Sue, 2016; Anyikwa, 2015).

Protective factors considered within a therapeutic process with African American women can include, yet are not limited to, informal support of strong family bonds, a religious upbringing that encourages a connection with one's faith system, ethnic identity, and support of extended family which could include close friends who are considered a part of the family (Howell et al., 2018). These elements are a part of the social-ecological framework that can assist victims in responding to the distress and anxieties of DV.

Spirituality

Service providers should incorporate clients' spirituality in the therapeutic process, including the coping strategies of prayer and meditation, to assist in fostering victims' sense of a greater purpose in life. Black women utilize their spirituality as a means to cope with the adversity of DV, believing in the power of religion and prayer to change their situation (Howell et al., 2018, p. 439; Anyikwa, 2015). According to Howell et al. (2018), many African American women victims utilize prayer to cope with distress. In addition, African American women victims have substantially utilized religion as a protective factor in combating post-traumatic stress disorder, which is prevalent amongst victims of domestic violence (Sullivan et al., 2018).

Interventions that respect and incorporate spirituality are culturally responsive and are believed to contribute to promoting recovery from effects of domestic violence. For African American women victims, prayer and a strong belief in a higher power are considerably powerful resources that cultivate positive self-identity, coping skills, social

supports, effective parenting skills, and mental health well-being (Anyikwa, 2015; Howell et al., 2018).

Social and Community Support

Social support was found to be a critical component to overcoming the adversities of DV. With an increased level of social support comes a healthier mental health state for DV victims, as well as a more positive overall functioning (Howell et al., 2018). For African American women, having a strong bond with their extended family is an important factor that can offer a sense of comfort and safety from the cycle of violence (Anyikwa, 2015).

Counselors who understand and embrace the protective factor of social and community supports can better assist in addressing the psychological symptoms that can result from exposure to DV (Howell et al., 2018). Anyikwa (2015) noted that, when African American women do reach out to family for support, they tend to disclose abuse to their mother or a sister, if available. African American women who have ties to their community may experience less distress and have improved mental health outcomes in the aftermath of prolonged and violent domestic abuse. African American women tend to turn to the informal support offered by their communities, including trusted neighbors, which can result in the support system being a catalyst to those women seeking formal support (Anyikwa, 2015; Howell et al., 2018)

Racial Identity

Another protective factor that a culturally competent counselor will understand is African American women's sense of self, or her "positive sense of commitment, belonging, and involvement in one's ethnic group" (Howell et al., 2018, p. 440).

According to Howell et al. (2018), an African American woman possessing a strong sense of identity has an increased chance of overcoming the damaging impact of racial discrimination, as well as depression, loneliness, anxiety, and mental health concerns that can occur as a result of exposure to domestic violence.

Multicultural Counselor Competence

Counselors' multicultural competence is a critical element of the therapeutic process and can be assessed by the perspectives of the counselor, client, and an outside observer, with each holding their own distinct view (Owen et al., 2011). Despite cultural competency being a crucial component in the counseling profession, ethnic minority groups are noted as experiencing difficulties accessing culturally competent mental health services (Katz & Hoyt, 2014; Tummala-Narra et al., 2012).

The need for culturally competent practice led various divisions of the American Psychological Association and the American Counseling Association to adopt the Multicultural Counseling Competencies model (Katz & Hoyt, 2014). Tummala-Narra et al. (2012) noted factors that foretell counselors' cultural competence, including prejudiced views, empathy, and tolerance of racial groups, all of which can be assessed by their assimilation to different cultures, culture identity, "family dynamics, and explanatory models of illness and healing" (p. 166). Sue and Sue (2016) agreed, noting that counselors' cultural competence can further be identified through their sensitivity to culturally diverse clients expressed as acceptance, respect, and understanding of cultural differences.

Multicultural competence continues to be an important component of working with culturally diverse groups and is a process in which counselors' knowledge,

awareness, and skills are continuously evolving (Anderson et al., 2018; Sue & Sue, 2016). Sue and Sue (2016) further noted that cultural humility and openness to diversity are important components of working effectively with culturally diverse clients.

According to these researchers, cultural humility defines the character of the counselor by exposing the counselor's attitude toward their client.

In addition, cultural humility supports a therapeutic environment of respect for the client, equality, and “diminished superiority” over the client (p. 62). Exercising respect and displaying a humble attitude toward people of a different culture not only helps to strengthen the working alliance between the counselor and client but also supports the counselor's understanding of the unique dimensions the client brings to the collaborative relationship.

In working with African American women victims, culture is a particularly critical element for counselors to consider in DV intervention (Anyikwa, 2015). According to Gumani and Mudhovozi (2013), cultural barriers are one of several factors that influence African American women's decisions to remain in an abusive relationship rather than seek support services. Gumani and Mudhovozi noted that African American women are socialized into believing the difficulties in relationships will improve over time and that they just need to pray and hope the situation will work itself out for the betterment of the family.

Mose and Gillum (2016) asserted that in some African cultures physical abuse is viewed as a sign of love, therefore normalizing abuse and silencing victims who accept the abuse as a part of their cultural norms. Speaking out against the physical abuse and seeking out law enforcement or other supports could result in the woman being ostracized

by her community; for example, she may be excluded from such activities as baby showers, weddings, and other social events. A study conducted to address African American women's help-seeking strategies found that one-third of the sample sought no law enforcement assistance, due to their "concern for the treatment of their men by the police, despite the fact that these men perpetrated significant violence against them" (Anyikwa, 2015, p. 948).

Anyikwa (2015) further noted that respect for Black women's culture must include an understanding "of their choices to be the strong Black woman as opposed to turning in their abusive partner" (p. 957). Additionally, Black women's hesitation in seeking out formal support is culturally influenced and reinforced by the belief that in order to be strong Black women, they must "persevere under dire circumstances in order to care for their families" (Heron et al., 1997, p. 416).

The distinctions of African American women's culture include, yet are not limited to, their values, beliefs, attitudes, religion, and roles. Those social factors are important to consider in developing a positive therapeutic alliance; all of them require cultural competence on the part of the counselor. Culturally competent clinicians understand the importance of integrating clients' cultural differences into a theoretical orientation (Sue & Sue, 2016), regardless of whether or not the victims' worldviews mirror the clinicians' worldviews (Howell et al., 2018). In addition, the adoption of multiculturalism increases the chance of developing a positive therapeutic alliance that cultivates an environment of mutual trust, care, and respect, providing a safe space for clients to share their inner thoughts and feelings (Sue & Sue, 2016).

The phenomenon of African American women seeking informal support at a higher rate than White Americans continues, with Black women seeking help from pastors, church members, friends, co-workers, and family (Anyikwa, 2015). In a study examining African American women's help-seeking habits, they were found to seek out mental health services much less than Caucasian women, at the rates of 26% for African Americans and 48.1% for Caucasians (El-Khoury et al., 2004). These studies exposed a need for further research examining African American women's motivations for using or not using counseling support services. El-Khoury et al. (2004) further noted that exploring barriers to African American women's willingness to seek out mental health services may lead to an increase in their use of such services.

Self-Exploration

According to Sue and Sue (2016), becoming a culturally sensitive counselor begins with counselors' self-examination of their values, biases, and worldviews, thus understanding and viewing themselves as "cultural beings." Cultivating a practice of cultural sensitivity further includes exposing rooted "emotions associated with race, culture, gender, and other sociodemographic differences." Essentially, cultural sensitivity is the ability to empathize with those cultural groups most oppressed and disempowered by society (p. 12).

Understanding such differences and embracing clients' diversity provides counselors the means to avoid "imposing their own values, attitudes, beliefs, and behaviors" upon the experiences of their clients (ACA, 2014, A.4.b). Appreciating and embracing cultural diversity in practice allows counselors to assist clients in understanding the effects of racial oppression and other personal and environmental

influences. In that way, clients are guided toward self-determination, which provides the freedom for them to make their own decisions.

Sue and Sue (2016) additionally noted that clients, and more specifically African American clients, view cultural competence as the most important counselor characteristic. Beidel et al.'s (2014) research confirmed that clients working with culturally competent counselors are more likely to view the counselor as credible and trustworthy in supporting their health and well-being.

Cultural competence, coordinated in practice with African American women experiencing DV, is critical to effective assessment, intervention, and treatment. Such knowledge and abilities allow counselors to recognize the complex and multiple historical, political, and social factors that could influence the thoughts and actions of that client culture group. In addition, an ongoing assessment of cultural competency helps counselors recognize their own internal racism that can bring to the surface any “feelings of distrust, anger, and disappointment” toward African American victims, as well as any “unconscious racist beliefs” that may “hold African American clients to White cultural norms, morals, and ideals” (Al’Uqdah et al., 2016, pp. 881-883).

Research indicated that counselors harboring or internalizing racist attitudes may devalue their African American clients and blame them for their situations, causing the counselor to treat those clients harshly. Approaching counseling from a color-blind perspective, and failing to acknowledge that race impacts the social systems of the African American community, perpetuates the victim’s problem rather than reducing barriers to combating DV (Al’Uqdah et al., 2016).

Clinicians who understand that African American women victims often choose to

reach out for only informal assistance, rather than seeking and accepting formal help the way that Caucasian women more often do, may have a greater chance in maximizing support for this cultural group, thus creating improved and effective systems of response and prevention (Anyikwa, 2015; Mose & Gillum, 2016). Clinicians who understand African American women's help-seeking behavior will also develop "an understanding of the best approaches for sharing information and tools "to support them (Mose & Gillum, p. 59). Howell et al. (2018) concluded that implementation of culturally responsive interventions should understand and accept the tendency of African American women to utilize only informal supports, as well as encourage those women to expand their social support system.

Implementing a multicultural framework would require knowledge of the cultural diversity within the African American community, as well as awareness of the broader cultural norms that may directly influence African American clients and their responses to intervention (Al'Uqdah, 2016). Mose and Gillum (2016) discussed the importance of continuous self-evaluation of counselors' cultural competency and encouraged counselors to consider various factors that can contribute to building trust with clients, strengthening the therapeutic alliance, and creating lasting relationships with African American women experiencing DV. Mose and Gillum's (2016) discussion of counselors' self-evaluation indicated that counselors should ask themselves questions such as the following:

1. Why should the victim listen and adhere to instruction given by the counselor?
2. What is the best supportive approach to working with African American DV victims?
3. When should traditional values be integrated in practice?

4. How should traditional values be integrated into practice?
5. What are the indications that a particular practice with African American victims has been harmful?
6. What is the counselor's responsibility in influencing the discontinuation of harmful practice?

Multiculturalism in Practice

Adopting a model of multicultural counseling competencies in practice with minority groups encourages counselors to acknowledge cultural influences, clients' protective factors, and to respect clients' values and behaviors, rather than pathologize them (Sue & Sue, 2016). Clinicians who adopt multiculturalism as a part of their practice reinforce the importance of perceiving a client as an individual and also as "a product of his or her social and cultural context" (p. 55). Furthermore, the practice of multiculturalism promotes social justice, supports evidence-based practice that includes ethnic minorities, and provides a specialist competence with diverse clients (Amari, 2019).

The ability to expand multiculturalism in practice is challenging, as only "a handful of publications propose a more systemically engaged vision of cultural competence" (Wilson et al., 2015, p. 595). Al'Uqdah et al.'s (2016) research supported the focus of cultural competence in practice with African American women experiencing DV, noting cultural competence as critical to effective assessment, intervention, and treatment. Multicultural approach allows counselors to recognize the complex factors that may influence this group's thoughts and actions.

Research also expanded the focus on cultural competence in practice, detailing the

essential role competence plays in understanding how the dimensions of culture and race inform DV intervention with minority groups (Serrata et al., 2017). However, Ismayilova et al., (2018) stated that models of “culturally tailored interventions to strengthen” Black women are limited (p. 449). Since theories, concepts and models of cultural competence are intended to support a beneficial therapeutic alliance that maximizes African American women’s resilience, further exploration is needed regarding specific behaviors and conditions that encourage a positive therapeutic alliance with that cultural group (Goodman et al., 2016).

Therapeutic Alliance

According to Taft et al. (2016), the working alliance is a factor of the therapeutic process most studied, presented and discussed. The quality and nature of a working relationship between a counselor and a client is paramount and, historically, is a factor that can affect treatment outcomes (Borelli et al., 2019; Norton & Tan, 2019). That relationship not only influences the mental health well-being of the client, but also impacts the therapeutic process.

Gülüm et al., (2018) noted the therapeutic alliance as “the strongest predictor of therapy outcomes” (p. 685). Flückiger et al., (2018) proposed that there are two phases of the therapeutic alliance, with the first involving clients’ confidence in the counselor as a helping agent, based on perceived warmth, support, and care. The second phase entails clients’ willingness to engage in the therapeutic process.

Borelli et al. (2019), suggested an extension of that idea, noting that the course of the alliance progresses in stages. The first stage is the initial bonding between the counselor and client, progressing to the stage of alliance fracture as issues are addressed,

and ending with entrance into the stage of restoration or failure to restore the therapeutic relationship. Each stage of the therapeutic process is an opportunity for the counselor-client connection to build and strengthen, with the beginning of the process having the most impact on therapeutic outcomes, including positive results in client symptoms of psychological distress and a decrease in premature termination of therapy.

Sue and Sue (2016) noted that the development of a strong alliance during the initial counseling sessions can be particularly influential on a therapeutic relationship involving African American clients, who view counselors' ability to develop a positive alliance of utmost importance in the satisfaction of counseling service rendered.

Anderson et al. (2018) agreed, noting African American clients as being more prone to premature termination than other clients of color.

While there has been debate as to the influence therapeutic alliance has on the therapeutic outcomes, studies indicated that a strong therapeutic alliance can influence premature termination of the therapeutic process (Anderson et al., 2018; Borelli et al., 2019). Anderson et al. (2018) contended that although a weak alliance can be a strong indicator of early termination, clients can presume a frail alliance and therefore prematurely end the client-counselor relationship before the alliance is fully developed. Furthermore, the therapeutic alliance could be influenced by counselors' self-perceived cultural competence in which the counselor attributes premature termination to client or environmental factors, rather than to the counselor's shortcomings in practice.

Over the past years, there has been debate as to whether the counselors', clients' or observers' perspective is the best measurement of the therapeutic alliance, with the "dyadic nature" of assessment argued as the most effective (Kivlighan, 2007, p. 423).

More recent research agreed and expanded on that argument, noting the need to explore counselors' interpersonal skills and how counselors reflect on their interactions with the client (Reading et al., 2019).

Additionally, Amari (2019) contended that in order to understand the nature of the alliance and the factors that influence counselor/client relationships, assessing the differences in clients' and counselors' perceptions and their effect on "relational dynamics" is critical (p. 9). Achieving a positive working relationship that embodies respect for clients' uniqueness will require counselors' flexibility in ongoing behavior modification in response to clients' experiences (Sue & Sue, 2016).

Components

Researchers agreed that the characteristics of a working alliance include being collaborative and goal focused (Smits et al., 2016; Santirso et al., 2018). Further investigation of the counselor-client connection reveals that empathy, trust, warmth, respect, and genuineness are essential attributes that support clients' feelings of safety, security, being heard, being understood, and being encouraged to share their story (Borelli et al.; Sue & Sue, 2016). Reading et al.'s (2019) research added that counselors' abilities to effectively communicate verbally and nonverbally, focus the therapeutic process, and encourage and assist the client in changing their pattern of thinking or behavior are also necessary in forming a positive alliance.

In support of the components that create an effective working relationship, Amari (2019) proposed four complementary elements: (1) understanding and embracing differences, (2) acceptance of client worldviews to include their behaviors and experiences, (3) mutual trust and respect, and (4) sound ethical practice. Amari noted

those features as critical in assisting counselors in identifying possible errors they can make in practice with clients. Secondly, these aspects of an alliance can help counselors to recognize clients' strengths that can be utilized in the change process. Lastly, counselors can be encouraged to cultivate a therapeutic environment that warmly accepts clients no matter where they are in the process of change.

Engaging clients in a warm, respectable, and genuine manner follows the principles of counselors' code of ethics and assists in developing an emotional bond with clients (Sue & Sue, 2016; ACA, 2014). Sue and Sue (2016) further noted that the counselors' ability to enact those principles is the result of the recognition and utilization of the clients' strengths, the ability to view clients as equal participants in the therapeutic process, and their engagement with clients in a manner which allow clients to feel comfortable disclosing personal experiences.

Empathy

According to Elliott et al., (2018), empathy is the foundation of training programs in developing skills for the helping profession. Several definitions exist to describe the elements of empathy across different fields of practice. For this study, empathy will be derived from Carl Rogers' (2007) interpretation, which defines empathy as counselors' ability to experience and understand the client's world as if the client's thoughts, feelings, and encounters were personally faced by the counselor.

Those elements of empathy communicate an understanding of cultural differences and acknowledge the influence of clients' experiences on the therapeutic process. Additionally, empathy allows an emotional bond to be formed with clients, thus increasing clients' feelings of being understood (Elliot et al., 2018; Sue & Sue, 2016).

Borelli et al. (2019) further validated the important role empathy plays in a therapeutic process, noting that an empathetic response helps to build a stronger alliance with clients. Sue and Sue (2016) emphasized that clients' who perceive empathetic responses from their counselors increase their levels of credibility and trustworthiness in those counselors. Both attributes, credibility and trust, are particularly important in establishing an alliance with African American clients.

Assessment

Developing and maintaining an alliance with clients requires counselors to conduct ongoing assessments of the therapeutic alliance, thus assisting in strengthening the therapeutic relationship (Anderson et al., 2018). According to Borelli et al. (2019), the components of a therapeutic alliance are multidimensional, which makes assessment a complex process. Nissen-Lie et al. (2013) contended that, while the therapeutic dyad between client and counselor is critical to assessing the alliance, counselors' characteristic abilities to develop an alliance can be a strong influence on therapeutic outcomes.

Adding to that argument, Borelli et al. (2019) and Elliott et al. (2018) noted that accuracy in assessing the alliance depends on the reporting of the client's and counselor's perceptions of the working relationship and the assessment of the behaviors and emotions which can unknowingly affect their alliance. Amari (2019) emphasized the importance of utilizing a collaborative approach to assessing the therapeutic alliance, noting assessment as an ongoing and relational process that provides unconditional acceptance of the client, acknowledges the influence of clients' experiences on the therapeutic process, and holds counselors accountable for their roles in the therapeutic process.

Therapeutic Alliance with Victims of Domestic Violence

A therapeutic alliance is critical to effective intervention and positive outcomes with victims who have complex needs. However, limited attention has been given to the influence of a strong therapeutic alliance that can enable appropriate interventions and produce positive outcomes for victims (Taft et al., 2013). Taft et al. (2016) argued that lack of focus may be due to the fact that many support systems addressing domestic violence are community-based programs, which are viewed as non-therapeutic interventions. That perception may hold those community problem-solving approaches to a standard different from other therapeutic interventions, particularly collaborative relationships expected to contain empathy, warmth, and other factors known to promote positive therapeutic outcomes. Goodman et al. (2016) agreed, noting much research on the therapeutic alliance has been conducted within the mental health system, which is regarded as conventional. Therefore, that research focuses limited attention to the formation and function of the alliance across all therapeutic settings.

According to Goodman et al. (2016), domestic violence fractures victims' ability to trust, and strips those individuals of their free will. Victims' mistrust of relationships and loss of their ability to make choices necessitates counselors' abilities to cultivate an alliance supportive of self-determination and restorative of a sense of safety and security. Those qualities may serve to increase favorable results of the therapy. Domestic violence can undoubtedly result in disturbing experiences for victims. The greater the trauma encountered by victims, the more effort is required to produce a therapeutic environment conducive to positive change (Taft et al., 2016). In addition, the goal of cultivating a therapeutic alliance is to create the conditions that allow victims to navigate through the

healing process (Goodman et al., 2016). Those conditions work to empower victims to make informed and considered decisions.

Alliance with African American Women Victims of Domestic Violence

Cultivating an alliance with African American women victims is particularly important due to this groups' considerable mistrust of the health care system (Wahab et al., 2014). Al'Uqdah (2016) posited that, either consciously or unconsciously, counselors can internalize racism resulting in harsh treatment toward African American victims, thus causing mistrust and rupturing the working alliance. The challenge for counselors in working with African Americans is to decipher and break down the barriers of adaptive coping strategies preventing this cultural group from trusting the therapeutic process (Sue & Sue, 2016).

Goodman et al. (2016) conducted a study to explore the relationship between the therapeutic alliance and victims' mental health revealed African Americans as presenting with a significantly lower level of a working alliance than other cultural groups. Their study further noted the need for future research to investigate the factors that inform the therapeutic alliance with various cultural groups of victims.

While the factors that cultivate a strong alliance with African American women victims are debatable, cultural understanding, unconditional acceptance, genuineness, empathy, non-judgmental attitude, collaborative approach, and positive interpersonal skills are elements known to influence the development of therapeutic relationships in general (Goodman et al., 2016; Roddy, 2013). Those factors may serve to establish conditions that can allow African American women victims to feel secure, offer trust, and disclose intimate experiences with domestic violence (Al'Uqdah et al., 2016). Building

trust with African American women requires time and an empathic understanding of this group's perspective, including circumstances that lead victims to seek counseling support, the struggles they experienced, reasons for their struggles, systems of support they view as helpful, and their reservations in engaging in the therapeutic process (Roddy, 2013; Elliot et al., 2018).

Mose and Gillum (2016) asserted that struggles experienced by African ethnic groups are immense and take root in their culture, values and traditions, causing reluctance in disclosing information related to their experiences with domestic violence. Those ethnic groups desire and need collaborative relationships and interventions that are culturally compatible with their unique needs and that validate the reality of their struggles. Counselors' behaviors that exhibit sensitivity, respect, dignity, and equality inform their assumptions and understandings of that group's cultural perspective, thus gaining African American DV victims' trust, which in turn can contribute to strengthening the working alliance (Mose & Gillum, 2016; Elliot et al., 2018). In addition, an alliance focused on empowering African American women victims addresses their need to feel valued and is an integral part of the process (Wahab et al., 2014).

Summary

The review of literature revealed that the phenomenon of domestic violence is complex and presents many facets to consider when engaging African American victims in the therapeutic process and developing a therapeutic alliance with those DV victims. A sound understanding of the components of multicultural counselor competence is central to supporting a therapeutic alliance with African American women victims of DV. However, the clarity of how and to what extent those factors cultivate a therapeutic

alliance are unclear, as there remains a need for further research in exploring the complex factors that inform the alliance. The review of literature noted the need to assess and understand the counselor and client's perception of the working alliance, as well as the influence of the relationship dynamics on the alliance.

CHAPTER THREE: METHODOLOGY

This study focuses on cultivating a multicultural approach in counseling practice to encourage a therapeutic alliance conducive to “addressing the multiple and complex social, political, and historical factors that impact” African American women victims’ experiences with domestic violence (Al’Uqdah et al., 2016, p. 883). The phenomenon of domestic violence is highly complex, consisting of a wide variety of individual, social and cultural factors. Applying effective interventions continues to be challenging due to the “complex interactions between environmental conditions, personal characteristics, and interpersonal dynamics,” therefore requiring a method that is capable of exposing the many forces that contribute to the violence within a family system (Katerndahl et al., 2012, p. 141). This chapter outlines the proposed means of conducting the study that most effectively and appropriately serves the research focus.

Research Design

Qualitative research methodology guided this phenomenological study, with the goals of gaining insight into counselors’ perspectives and ascribing meaning placed on their experiences with multicultural counselor competence and the development of a therapeutic relationship with African American women victims of DV. In addition, the hermeneutic method of the phenomenological approach to exploring lived experiences of counselors was utilized to interpret participants’ experiences and create meaning (Creswell, 2014).

Qualitative Methodology

Qualitative research supports investigating and interpreting meaning to individuals’ or groups’ lived experiences, constructing, “a rich, detailed description of a

central phenomenon” (Gough & Deatricks, 2015; Creswell, 2014, p. 66; Creswell, 2013). Human language and other interpretive and descriptive forms of expression from participants are instrumental in clarifying concepts, developing theory, and promoting social justice (Hoover et al., 2018; Levitt, et al., 2017). Qualitative research offers a systematic method of inquiry, is emergent, and most often includes interviews and observation but can vary to encompass inspections of documents and audiovisuals (Creswell, 2013).

In qualitative research, collected data is non-numeric and is analyzed from an inductive perspective to establish codes, categories, and themes. Within that hierarchy of classification, qualitative researchers work “from the bottom up” until that data is saturated into working themes that can assist in interpreting the meanings participants construct to make sense of the world they experience (Madill, 2015; Creswell, 2014, p. 185; Creswell, 2013).

Methods of qualitative research have become more prominent in the social science field of research, challenging or complementing other methods of research and embracing the subjectivity of individual knowledge (Gough & Deatricks, 2015). Implementing a qualitative methodological approach provides a contextualized and historically situated perspective of phenomena (Doucerein et al., 2016; Bishop, 2015). As a means to widen the view and perspective of research, qualitative methodology has been utilized extensively and confidently in the study of different cultures and cultural influences on psychological processes (Olson-Garriott et al., 2015).

Applying a qualitative method to this study is particularly relevant because it allowed opportunities for the researcher and participants to engage in extensive dialogue

about participants' experiences, thus providing an emergent understanding of multicultural counselor competence and those elements of therapeutic alliance with African American women victims of DV. Additionally, examining multiple participants' perspectives on multicultural counselor competence and therapeutic alliance provided descriptive language that offered phrases to illustrate any idiosyncrasies, consequently rendering recognizable the existence or nonexistence of those described attributes (Creswell, 2013).

A qualitative methodology emphasizes the social construct of a situation and seeks to study phenomena within the context of which circumstances can fully be understood (Englander, 2019; Creswell, 2013). Qualitative research can add value in an exploration of women and other marginalized peoples' experiences, which may otherwise be overlooked in quantitative research (Levitt, 2015; Levitt et al., 2017). Additionally, qualitative methodology has been invaluable to the examination of dynamics between counselors and clients, identifying those communicative factors that can influence the therapeutic change process and "facilitating counselors' self-reflection, training program development, and informing the process of clinical decision making" (Levitt, 2015, p. 31).

There are several approaches to conducting qualitative research that show commonalities in the general process of research and can serve to focus and enrich a study. Deciding upon the research approach to utilize depends on the nature of the problem being examined, the researcher's philosophical assumptions, method of inquiry, and procedures of collecting, analyzing, and interpreting the data. A phenomenology design is one approach to qualitative research (Creswell, 2013; Creswell, 2014).

Phenomenology

Multiculturalism within the practice of counseling and developing an alliance with African American women DV victims is complex. Understanding those intricacies requires an exploration of multiple views that can provide subjective meanings of the experiences with the phenomenon (Creswell, 2014). Phenomenology involves the collection of data from multiple sources, typically interviews with participants, which may produce themes of explanation for the event in question (Creswell, 2014). It allows for probing into the lived experiences of participants who have experienced similar circumstances. That deeper exploration includes methods of describing, telling, and interpreting the stories of the phenomenon being studied (Levitt et al., 2017; Creswell, 2014).

With “a hundred-year interdisciplinary history of developing qualitative methods for the study of lived experiences,” the philosophy of phenomenology can be credited to Edmund Husserl (1859-1938), a German philosopher and believed that phenomena can fully be understood through the consciousness of those who have direct encounters (Levitt et al., 2017, p. 7; Husserl, 1931). Husserl described phenomenology as a science that describes and examines concepts directly related to the existence of reality. Husserl further posited that transcendental consciousness sets the limits of all possible knowledge of phenomena.

The theory of phenomenology continues to be recognized as a viable and rigorous approach to qualitative research (Englander, 2019; Creswell, 2014; Creswell, 2013). Englander (2019) dedicated his work to furthering Husserl’s claims, arguing that phenomenological researchers study the meaning of a lived experience that appears “to a

human consciousness,” as opposed to studying the existing situation or an individual’s experience (p. 7). Moreover, a phenomenon is boundless and can be known to all persons who are able to be present and fully engaged in the encounter, rather than to only a particular group or present situation. Phenomenology is a process requiring researchers to think deeply on those emergent themes that surface during the undertaking of methodical inquiry to understand the meaning of a phenomenon (Creswell, 2013). That process can be accomplished through the approach of transcendental phenomenological inquiry.

Transcendental Phenomenology

Charles Moustakas (1923-2012), whose research was influenced by Husserl, expanded upon the method of transcendental phenomenology (Moustakas, 1994). Moustakas’ research focused on the subjectivity and systematic approach of conducting phenomenological research, giving credence to epoch, bracketing, or suspending judgement about the existence of human life, as a necessity to bring attention to the evaluation of individual experiences.

The premise of transcendental phenomenology is to approach research through a clear lens, setting personal experiences aside to focus on participants’ experiences and the meaning they bring to the phenomenon (Creswell, 2013). Additionally, that phenomenological approach provides a platform for participants to richly describe and relay the inherent nature of their experiences (Hall et al., 2016). In transcendental phenomenology, self-exploration is viewed as essential and a prerequisite to deferring researchers’ biases, preceding assumptions, and knowledge of the phenomenon, so as to engage participants’ reality in a manner that is unbiased until the reality of truth is “founded on a more certain basis” (Mihalache, 2019; Creswell, 2013, p. 77).

The Researcher

The principal investigator in this study brought both personal and professional experiences to the study and also recognized the need to set aside personal experiences in order to view the phenomenon from a different perspective (Creswell, 2013).

At the age of five, when my mother married her first husband (who would become my step-father), I began a journey to understanding the complexities of DV and the challenges an African American woman faces as a victim of that form of violence. For nine years, I witnessed my mother be subjected to emotional, mental, and physical abuse at the hands of her ex-husband.

My mother met and married her ex-husband when she was in her early twenties. When she was fourteen years old, her father died. At the age of twenty-one, she experienced the tragic loss of her mother. Upon the death of my grandmother, my mother was forced to navigate life as a young African American single parent who had limited family support. Losing both parents at a young age was traumatic and life altering for my mother who was the youngest of ten children. Feeling the need to fill a void in her life, she began dating and later married my step-father who would change the course of her life.

Although my mother was married, those nine years were spent with my mother being a single parent because my step-father was more absent than present. I vividly remember many days of chaos and instability that forced me to grow up fast and experience life events beyond my mental and emotional capacity. There were days my mother, brother who was born two years after her marriage, and I walked the city streets at night in search of refuge from a home environment of physical and verbal altercations

that left my mother feeling helpless and hopeless. The only escape from our tumultuous home environment was during the weekends and select weekdays spent with my father, who I did not dare to tell what we were experiencing. While my mother never forbade me to disclose the abuse to my father or other paternal relatives, somehow, I knew the unspoken word was that whatever happens within the home stayed in the home. Thinking back on those times of being with my father, I believe the experienced domestic abuse was kept from him because, subconsciously, I wanted to protect my mother from enduring more stress if my father would have intervened. While I felt free to be a child when I was with my father, my mind was arrested with thoughts of my mother and brother who were left behind in the violence that I would again witness and experience upon my return to my mother's care.

I can remember never asking my mother the typical question some individuals ask or want to ask when a victim remains in an abusive relationship. That question being, "why didn't my mother just leave?" There were many times she attempted to leave, only to return for reasons at that time were unknown to me. Later, in my adulthood, the grounds for my mother remaining with her ex-husband became clear to me. I recall my mother seeking support from family, friends, and the community who would provide little assistance that would empower my mother to live apart from her ex-husband.

While minimal help was believed to be a factor in my mother's decision to continue in an abusive relationship, I am also of the opinion that cultural values and norms influenced my mother's judgment. Throughout my mother's childhood, she witnessed her mother being abused by her father. The question I did not ask my mother she had asked of her mother and was told that she stayed to keep the family together. My

mother was also told that one day she would understand that decision to stay.

Although my mother recalled memories of her father as a provider and protector of her, she remembered saying to her mother that she would never understand the decision to endure an abusive marriage and therefore encouraged her mother to leave. I must admit that knowing my mother was of opinion that my grandmother should have left my grandfather was perplexing, as to the reasons my mother continued to live through nine years of domestic violence.

As a child, I remember resenting my step-father for all the hurt and pain he inflicted upon everyone in our family as a whole, including blaming my mother for our family's instability. I have since forgiven him and chose to utilize my past experiences with DV as a platform to advocate for victims of DV who may otherwise lack a voice to speak on their own behalf.

Presently, I use every opportunity to advocate on behalf of DV victims. Such advocacy has been in the capacity of presenting to members of the church community, writing about the dynamics of DV, and educating people about the impact of DV and how to support the safety of individuals who present as experiencing DV. As an African American woman social worker, I counseled DV victims who presented with similar and different lived experiences as my mother. Reflecting back on my time as a DV counselor, I recall several encounters with African American women victims. I was privy to knowledge of how those women's lived experiences influenced their help-seeking behaviors.

I also learned how both formal and informal support systems can be barriers to treatment and moving on, as well as passages to victims' journeys of breaking the cycle

of violence. I experienced the challenge of supporting victims' complex and unique needs, while being guided and constrained by policies and procedures of a non-profit organization that dedicated their practice to supporting victims of DV. While I understood the mission and goals of the organization was to focus on supporting victims of all races and ethnicities, I think back and recognize the limitations in providing culturally relevant interventions that addressed African American women's unique needs.

I would be remiss to suggest that my personal and professional experiences with DV have little effect on my beliefs and values. My philosophies of life associated with an African American culture of being an oppressed people and being a Christian African American woman (e.g., believing that a Black woman must be strong and a helpmate to her husband who is the head of the household) have been challenged and influenced by those life experiences.

My experiences of life gave me the drive, motivation, and passion to advocate on behalf of individuals affected by DV. Furthermore, I created meaning from those real-life experiences with DV which shaped who I am and affects how I interact and respond to others. My intentional effort to reflect on personal and professional experiences can be of assistance in setting aside my worldview to more accurately focus on the meaning participants ascribe to the phenomenon of study (Creswell, 2013). Additionally, sharing personal experiences with DV can aid in qualifying my role as a credible investigator of the proposed study.

Participants

Creswell (2013; 2014) noted that interviewing 3 to 10 participants is appropriate to conduct a phenomenological study that is viable, reliable, and able to attain saturation.

Flynn and Korcuska (2018) study, supported by four researchers, discussed a range of 3 to 150 as being an appropriate sample size in conducting phenomenological research and reaching data saturation. This study purposefully sampled 11 counselors who were interviewed by the researcher. Criterion sampling, which is a form of purposeful sampling, was utilized to recruit the 11 participants who all experienced the phenomenon (Creswell, 2013).

Purposeful sampling was employed to provide rich data, and thus a deep understanding of the research problem (Kozan et al., 2019). In accordance with Creswell (2013), criterion sampling was used to identify participants who were included or excluded from participating in the study. Furthermore, that method assisted in selecting participants who all had experienced the phenomenon of study. Inclusion criteria were participants who are licensed or non-licensed graduate level mental health counseling professionals who, in the present or past, counseled African American women victims of DV. Although the United States Census Bureau (2020) uses the racial identification of African American or Black, for the purposes of this study, the term African American only was used to identify the race of the domestic violence victims. Participants were of various age groups, gender, and ethnic and cultural backgrounds.

Participants were recruited through the COUNSGRADS listserv, the DIVERSEGRAD-L listserv, and the Psychology Today and Good Therapy directories. COUNSGRADS and DIVERSEGRAD-L are listservs that allow for dialogue among counseling education students and professionals. The Psychology Today and Good Therapy directories identify mental health counseling professionals' contact information, including an email address as well as a photo identifier.

A recruitment e-mail (Appendix A) was sent to both COUNSGRADS and DIVERSEGRAD-L. Participants identified from the Psychology Today and Good Therapy directories were directly emailed the identical recruitment email. The recruitment email detailed the need for volunteers to participate in the study. Participants who initiated contact with the researcher and were eligible to participate in the study were contacted via email and provided informed consent (Appendix B) outlining the study's purpose, eligibility, involved commitment, discussion of risk, benefits, confidentiality, and participants' right to withdraw from the process at any time without penalty.

Confidentiality & Anonymity

Participants' information was strictly maintained. Participants were afforded anonymity through the use of pseudonyms to remove all personal identifiers. Fictitious names were assigned upon receipt of informed consents. The researcher maintained a password-protected master list of participants' names with corresponding pseudonyms. Only the researcher was aware of participants' identity and had access to their information.

To maintain participants' confidentiality, all documents connecting their collected information to both their participation in the study and their designated pseudonyms were securely filed. All electronic information was and continues to remain on a password-protected computer and any hard copies of files are stored in the researcher's home security safe box, to which only the researcher has access, and will remain stored in the researcher's home security safe box for three years after which they will be shredded.

Ethics of Research

Ethical considerations of research must be anticipated and reflected upon

throughout the research process (Creswell, 2014). Respect for the participants' right to voluntarily consent to participate, beneficence (i.e., do no harm and maximize benefits), and justice (i.e., equality for all) are three basic principles of ethical research (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). Ross et al.'s (2018) research expanded on the importance of those principals derived from The Belmont Report, arguing that the rights of persons are most important.

The well-being of participants was paramount throughout every phase of the study, with the researcher following the three fundamental principles of ethical research. Participants were presented with and asked to sign an informed consent form, which explicitly explained the scope of the study and addressed participants' right to voluntarily participate in the study, as well as their right to withdraw from the study at any time without penalty or bias. The anticipated risks from the study were no more than those experienced in day-to-day life, with the benefits of the study being the acquisition of knowledge that would be valuable to the counseling profession and other professions or organizations seeking to enhance practice with African American women victims of DV. Furthermore, the informed consent and debriefing after completion of interview apprised participants of the course of action to take if harm was experienced during participation in the process of research.

Data Collection

Qualitative data collection continues to evolve, can include several methods of probing, and can change during "some or all phases" due to the emergent characteristic of qualitative research (Creswell, 2014, p. 186). The study consisted of in-depth interviews

with participants, utilizing a semi-structured interview protocol of one ice-breaker question and seven open-ended questions regarding counselors' experiences in counseling African American women victims of DV.

According to Creswell (2013), an interview protocol can assist the researcher in organizing the collected data and overall course of the interview. Open-ended questions were posed to generate counselors' explanation of multicultural counselor competence in the development of a therapeutic alliance with African American women victims of DV. Developing an interview protocol utilizing approximately three to seven open-ended questions can allow for data that is comprehensive and provides the researcher with rich details of participants' views about their experiences with the phenomenon (Campbell et al. 2017; Creswell, 2013). In addition, a semi-structured interview includes questions that can guide the examination of the specific facets which can explain the phenomenon under investigation, as well as provide insight into participants' experiences "in the context of the interaction" between the researcher and the participants (Englander, 2019, p. 58).

Upon participants' initiating contact with the researcher, a formal email invitation to participate in the study, including informed consent and Doodle to schedule an interview date and time at the convenience of both the researcher and participants, was sent (Appendix C). Once informed consent was returned, the researcher secured and scheduled the interview. Within a week after the interview date and time was confirmed, the researcher emailed participants a Zoom link invitation for the scheduled interview (Appendix H). A few days prior to the scheduled interview, an email reminder of the date and time of the interview (Appendix D) was sent to participants.

Interviews were conducted from December 2020 through February 2021. All

interviews were conducted and recorded with Zoom's video communication privacy and security features, and scheduled for one hour, although interview lengths varied between 49:15 and 1:11:24. Total recording time of all interviews was 410:43.

Participants were engaged in one-on-one in-depth interviews that focused on participants' experiences and understanding of multicultural counselor competence in supporting and developing a therapeutic alliance with African American women victims of DV. The interviews were transcribed using Professional Transcription, a transcription service offered via fiverr.com. The researcher began each interview with a reminder about the participation protocols, an ice-breaker question followed by the prepared open-ended questions (Appendix E). Participants were asked each question and allowed an opportunity to respond. As a means to clarify and obtain a richer understanding and deeper meaning of participants' experiences, probing questions were asked. Creswell (2013) recommended the use of probing questions to inquire closely about the meaning participants ascribe to the phenomenon. During each interview, notes were taken to assist in focusing on participants' lived experiences. Additionally, taking notes allowed the researcher to follow-up on participants' experiences that were insightful and relevant to the research question.

All interviews were transcribed verbatim utilizing Professional Transcription which is a transcription service offered via fiverr.com. Transcription of interviews were shared via email with participants, who were offered an opportunity to provide minor corrections (Appendix G). At the conclusion of the question-and-response segment of the interviews, participants were given an opportunity to ask questions and provide additional information. At the end of each interview, the researcher thanked participants for their

time and participation and addressed any potential issues by debriefing participants (Appendix F).

Data Processing and Analysis

Moustakas' (1994) systematic and organized method of data analysis was utilized to construct meaning of individuals' lived experiences. It is a process that involves initial engagement within the topic of study, immersion in the experiences explored, incubation periods to offer new perspectives, explication of describing participants' insights, illuminations, and synthesis of data (Moustakas, 1994; Mihalache, 2019). Mihalache's research expanded on Moustakas' method, detailing this procedure of investigation as a scientific approach of sifting and sorting to assist the researcher in developing patterns and themes of participants' experiences.

Credibility and Reliability

An integral part of qualitative data analysis includes the researcher engaging in strategies to check reliability and validity of their study (Creswell, 2014). Reliability techniques involved the researcher immersing in the data by reading and re-reading the transcriptions and noting central concepts. Once immersion was attained, coding of data commenced as a means to organize data, utilizing NVivo software which assisted in organizing and analyzing data. Organization of data included categorizing related segments and labeling groupings (Creswell, 2014). Furthermore, themes and patterns of participants' experiences were developed from the coding process. The researcher used developed themes and patterns to construct and interpret meanings of participants' lived experiences "to generate a new reality" of the phenomenon (Mihalache, 2019, p. 138).

According to Creswell (2014), validity of qualitative research is paramount to

establishing reliability of that methodological approach. Several strategies exist to establish qualitative research as trustworthy thus being justified when questioned as being research that is reliable (Creswell, 2013). Flynn and Korcuska (2018) expanded on those techniques in a study that sampled nine participants in understanding and describing a blueprint for enhancing the trustworthiness of qualitative research. Although their research found no evidence to substantiate standards for establishing credibility of qualitative research, member checking, bracketing/epoch, thick and rich description, reflexivity, triangulation, and auditing were noted as procedures utilized to strengthen the rigor of phenomenological research with auditing, reflexivity, and member checking “being among the most highly used” (p. 45). The study utilizes four of the six strategies, specifically thick and rich description, member checking, reflexivity, and epoch, to increase the credibility of research.

Reliability techniques involved the researcher immersing in the data, reading multiple times and annotating the transcriptions to highlight emerging themes. The transcribed interviews produced 203 pages of information, which was analyzed throughout the data collection process. As suggested by Creswell (2013), each transcription of participants’ interviews was read in totality so that the researcher could immerse in the attributes being shared. As each transcript was read, parts of participants’ narratives that relayed meaning ascribed to the phenomenon were highlighted. Those parts highlighted included specific quotes, phrases, and words that related to the topic of research. Repeatedly reading allowed the researcher to become familiar with the data, obtain a better understanding of participants’ perception of the phenomenon, and assist in telling participants’ stories. Goldstein (2020) posited that repeated reading of transcripts

is a strategy to analyzing the content of participants' stories that can reveal "meaningful points in narratives such as" the number of details shared, and the emphasis participants place on their account of the lived experience (p. 135).

Reflexivity

The researcher employed the strategy of reflexivity, which consisted of self-disclosure of personal experience with the phenomenon, and a process of self-examination of the researcher's worldviews, which could influence the research process, particularly interpretations of the data (Creswell, 2013; Comas-Díaz & Brown, 2016). Additionally, addressing the researcher's biases and personal experiences is critical to validate the trustworthiness of data collection and analyses (Levitt et al. 2017; Levitt, 2015; Olson-Garriott et al., 2015; Creswell, 2013).

Memoing

Memoing is a component of the data analysis procedure that was utilized continuously throughout research. In an effort to capture the experiences of participants rather than those experiences of the researcher, the strategy of memo writing was implemented to assist in bracketing the researcher's thoughts and feelings (Creswell, 2013). According to Mihalache (2019), bracketing is a process that allows the researcher to set aside biases, expectations, and methodological as well as personal assumptions about the phenomenon of study. Throughout the data collection process, the researcher self-reflected to identify any changes in personal perspective influenced by the research process and how those changes affected the research process (Mihalache, 2019). In the context of the study, the researcher was transparent as to how personal exposure to DV influenced both the research topic and the study's focus, as well as the data collection and

assessment.

Memoing also assisted the researcher not only in reflecting on thoughts that might influence data analysis but also in identifying patterns and relational experiences amongst participants (Goldstein, 2020; Levitt, 2020; Creswell, 2013). During the reading of transcripts, the researcher recorded reflective notes in the margins of the transcripts as well as in a journal. According to Creswell, those memos are ideas, short phrases, and important ideas that the researcher can utilize in further exploring the topic of research and make sense of the collected data.

Member Checking

The strategy of checking credibility of research involves the researcher engaging participants in verifying the accuracy and comprehensiveness of the developed themes or findings (Creswell, 2014; Mihalache, 2019). Soon after the interview with each participant, an electronic copy of the transcript was made available for the participant to review for accuracy and provide feedback. Participants were emailed and informed that they had seven days to review transcriptions and provide critiques to the researcher. If responses were received, the researcher incorporated participants' feedback into the final analytical report. Data stood as transcribed if there was no further information provided to the researcher (Appendix G). One participant provided minimal changes to their interview transcript. Those corrections of four words that were transcribed incorrectly were noted and incorporated within the investigative report. Six participants confirmed via email that transcriptions were satisfactory for submission. A non-response for the remaining four participants was taken as a confirmation of satisfaction with the original transcript.

Coding

Upon thorough reading of transcribed interviews, verbatim transcriptions were uploaded into the NVivo computer software which assisted in organizing and analyzing collected data, thus beginning the process of coding. The organization and examination of data included categorizing related segments and labeling groupings to develop themes and patterns of participants' experiences (Creswell, 2014). Pokorny et al. (2018) described coding in qualitative research as a common method of analysis that can relate, identify, and theorize about frequent content and underlying themes in the data.

The initial phase of coding in the present research began with open-coding of each transcript. According to Davtyan et al. (2017), open coding is a method utilized to identify, name, categorize, and describe fragments of data. That coding process produced numerous codes that interconnected and were indications of emerging themes within the data (Pokorny et al., 2018).

Word frequency query in NVivo was utilized to assist in the process of coding. Creswell (2013) suggested using computer software features to assist in organizing and analyzing data. The word frequency feature in NVivo allowed the researcher to develop a word cloud, depicted in Figure 3, that visualized the themes and provided the tools to efficiently search and identify context, use, and meaning of the most frequently occurring words within the data. Codes, which are similar to nodes in NVivo, were utilized to assign meaning on various sections of the text (Leech & Onwuegbuzie, 2011).

inquiry. Several philosophical worldviews shape those ideas and beliefs, including constructivist, postpositivist, transformative and pragmatist (Creswell, 2014).

Methodological Assumptions

Adopting a qualitative methodology for the study embraces a constructivist worldview that believes multiple realities exist to provide a subjective understanding of multicultural counselor competence and the components that form a therapeutic alliance with African American women victims of DV. In addition, the study depended on human understanding of the phenomenon, with the researcher being aware of her own worldviews and their influence on the study (Creswell, 2014; Creswell, 2013).

Given that this study sought to explore and develop a greater understanding of the cultural aspects of counseling African American women victims of DV, implementing a qualitative methodology offered the means to advance knowledge of multicultural counselor competence and therapeutic alliances with African American women experiencing DV, detailing “within-culture analysis of constructs and connections among constructs” (Alavi et al., 2018; Bartholomew & Brown, 2012, p. 178).

Limitations

The chosen methodology is a limitation of the study. According to Englander (2019), the goal of qualitative research is to explore what is general about phenomena rather than what is common among a population group. The focus of the study was to provide an exploratory and rich understanding of the components that assist in forming and supporting a working alliance with African American women victims of DV and therefore, generalizability of the study to other cultural groups was limited. While utilizing the data collection method of interviews can allow for an in-depth exploration of

the studied phenomenon, that technique was limited to the collection of data from large populations, thus decreasing the reliability and validity of results (Creswell, 2014).

Although the researcher engaged in strategies to maximize the integrity of the study, personal experiences with the phenomenon of domestic violence and possible researcher's bias existed as a limitation to acquiring legitimacy of the proposed study. According to Creswell (2014), a researcher's background, including culture, gender, and history, could influence interpretation of the study's findings. In addition, that prejudice could restrict the developed themes and meaning participants ascribe to the phenomenon.

Delimitations

Several delimitations were present within the study. First, emails and listservs were used to recruit participants from various disciplines. This mode of recruitment limited the researchers' ability to ascertain the actual number of clinicians who received and read the recruitment letters. In addition, the recruitment method may only have allowed for enlistment of those participants who consider multicultural competence as relevant to therapeutic alliance with African American women victims of DV. In that case, self-selection may lend to bias and possibly compromise internal validity of the findings (Tummala-Narra et al., 2012).

Secondly, the study only examined clinicians' perspective of multicultural counseling competence and therapeutic alliance with African American women victims of DV. While the study allowed the readers to acquire knowledge of practitioners' perspective on their multicultural competence in working with that cultural group, the study was limited to exploring clients' perspective, thereby narrowing the scope of assessing therapeutic alliance, which is most effectively and accurately measured within

the context of the therapeutic dyad between the clinician and the client (Levitt et al., 2018; Nissen-Lie, 2013).

Although the argument exists that the most effective and accurate measurement of therapeutic alliance is to include clients' perspective, the decision to only interview clinicians as part of the qualitative design was based on two realities: (1) the difficulty in accessing current or past clients, due to client-counselor privileges and (2) ensuring both the confidentiality and safety of any potential client participants due to those subjects possibly being categorized as a vulnerable population group (Creswell, 2014).

Despite the fact that exploring the dyadic nature of therapeutic alliance is important to providing a holistic view of the therapeutic process with African American women victims of DV, the study was delimited to exploring counselors' perspective on those components of a multiculturally competent counselor and the influence on therapeutic alliance with African American women victims. Tummala-Narra et al. (2012) contended that clinicians' worldviews on culture and race are significant in understanding the aspects of the interactions in treatment between counselors and clients. Additionally, exploring counselors' stance can provide advancement in knowledge about the dynamics within the counselor-client relationship (Reading et al., 2019).

Although domestic violence is prevalent amongst all races, cultures, and genders, this study was delimited to examining clinicians' perspectives on counseling African American women victims due to that cultural group presenting as being most exposed to and affected by DV than any other racial background of victims. In addition, there continues to be a need to investigate factors that encourage positive therapeutic change for African American women victims of DV (Taha et al., 2015). Utilization of the

purposeful sampling method was delimited to the criterion design that allowed the researcher to set criteria for participants under study and assure the quality of research (Creswell, 2013).

The researcher's choice to conduct face-to-face interviews via Zoom, as opposed to in-person interviews, is due to the recruitment of participants from various geographical locations, resulting in limited opportunities to conduct interviews within participants' natural setting. The conditions of COVID-19 also figured into the need to interview participants virtually. Furthermore, the decision to conduct interviews via Zoom, as opposed to phone interviews, provided latitude to observe nonverbal communication (Creswell, 2013).

Summary

This chapter outlined the qualitative research design for conducting the study, presenting phenomenology as the most appropriate design to utilize in exploring participants' ascribed meaning to the studied phenomenon. It also detailed the selected population and sample from which the participants were chosen. Data collection and analysis methods were points of focus. In addition, the process of conducting the study was discussed, including the focus of exploring, describing, and understanding the meaning participants ascribed to the lived experience of counseling African American women DV victims.

CHAPTER FOUR: RESULTS

Purpose

The purpose of this qualitative phenomenological study was to explore and describe how counselors experience and understand the role of multicultural competence in supporting and developing a therapeutic relationship with African American women victims of DV. Additionally, this study aimed to extract the most important characteristics of a culturally competent counselor who is able to work most effectively with African American women victims of DV. The research question that guided this study was: What factors of multicultural competence do counselors experience and understand as influencing a therapeutic alliance with African American women victims of DV?

The data collected from participants' interviews provided rich information that assisted in exploring the research question. By listening to and analyzing the lived experiences of counselors, meaningful insights emerged about how multicultural counselor competence develops and supports an alliance with African American women victims of DV.

Participants

The results of this study are concluded from one-on-one interviews with 11 counselors, residing in multiple states, who all experienced the phenomenon. All of the participants were female, yet diverse in their race and ethnicity. Additionally, participants were either licensed or non-licensed and possessed a wide variety of professional counseling experiences, ranging from 7 to 36 years within the field settings of private practice, community, and non-profit organizations.

Table 1.*Participants*

<i>Pseudonym</i>	<i>Participants' Credentials</i>	<i>Gender</i>	<i>Race/Ethnicity</i>
<i>Participant A</i>	Master of Science in Counseling	Female	African American
<i>Participant B</i>	Master of Science in Counseling	Female	Black
<i>Participant C</i>	Licensed Clinical Social Worker	Female	Dominican
<i>Participant D</i>	Licensed Clinical Social Worker	Female	Hispanic
<i>Participant E</i>	Licensed Clinical Social Worker	Female	White
<i>Participant F</i>	Master of Social Work	Female	Black
<i>Participant G</i>	Licensed Mental Health Counselor	Female	Māori
<i>Participant H</i>	Master of Social Work	Female	White
<i>Participant X</i>	Licensed Mental Health Counselor	Female	White
<i>Participant Y</i>	Licensed Mental Health Counselor	Female	White
<i>Participant Z</i>	Licensed Clinical Social Worker	Female	African American

Data Collection

Participants were interviewed over a two-month time period beginning December 2020 through February 2021. Upon participants' initiating contact with the researcher, a formal email invitation to participate in the study, including informed consent and a Doodle to schedule an interview date and time at the convenience of both the researcher and participants, was sent (Appendix C). Upon receiving informed consent, participants' interviews were scheduled. Once an interview date and time was confirmed, a Zoom link

invitation for the scheduled interview was sent to participants (Appendix H). Prior to the interview date, an email reminder of the scheduled interview was sent (Appendix D) was sent to participants. One-hour interviews were scheduled and held via Zoom with each interview lasting between 49:15 and 1:11:24. Interviews were recorded via Zoom with a total recording time of 410:43. One-on-one participants' interviews focused on their lived experiences and understanding of multicultural competence in supporting and developing a therapeutic alliance with African American women victims of DV. All completed interviews were transcribed verbatim utilizing Professional Transcription.

An interview protocol of seven semi-structured, open-ended interview questions and one ice-breaker question was developed (Appendix E). Probing questions were asked to clarify and obtain a greater understanding and deeper meaning of participants' encounters and understanding of multicultural counselor competence in developing and supporting an alliance with African American women victims of DV. Creswell (2013) recommended the use of that form of questions as a way to inquire closely regarding the meaning participants ascribed to the phenomenon. During each interview, notes were taken to assist in focusing on participants' lived experiences. Additionally, note taking allowed the researcher to follow-up on participants' experiences that were insightful and relevant to the research question.

Data Analysis

The transcribed interviews produced 203 pages of information that was analyzed throughout the data collection process. As suggested by Creswell (2013), each transcription of participants' interviews was read in totality, as a means to gain immersion in the attributes being shared. During the reading of transcripts, sections of

participants' accounts that communicated meaning ascribed to the phenomenon were accentuated. Reading, re-reading, and continual comparing of interview transcripts allowed familiarity with the data, a better understanding of participants' perceptions of the phenomenon, and the development of themes to tell participants' stories. According to Goldstein (2020), re-reading of text is a tactic to examine the content of participants' stories that can reveal "meaningful points in narratives such as" the number of details shared, and emphasis participants place on their account of the lived experience (p. 135).

Findings

This study included 11 counselors who shared their lived experiences with counseling African American women victims of DV. While participants' accounts of their experiences varied, they shared similar perspectives that illuminated four principal themes constructed from smaller units of data collected from their interviews. Those developed themes are the concluding results of inquiry and relate to the research question (Creswell, 2013). Additionally, the evolved themes describe what participants experienced and how those encounters affected their work with African American women.

Table 2

Themes and Sub-themes

Theme	Sub-theme
Theme 1: Clients' belief in the therapeutic process	Sub-theme 1: Core values Sub-theme 2: Identifying with counselor
Theme 2: Understanding individual experiences	Sub-theme 1: Cultural values and norms Sub-theme 2: Empathetic understanding
Theme 3: Understanding impact of systemic racism	Sub-theme 1: Mistrust of system Sub-theme 2: Access to resources
Theme 4: Culturally responsive interventions and approaches	Sub-theme 1: Collaborative Sub-theme 2: Strength-based Sub-theme 3: Empowerment

Theme 1: Clients' Belief in the Therapeutic Process

Participants' interviews revealed key components of a counselor and client relationship that can serve to promote a therapeutic environment in which African American women victims of DV feel safe to tell their stories and incite positive changes in their situations. Those essential elements were detailed by all 11 counselors.

Sub-theme 1: Core Values

In discussing counselors' principles that influence the therapeutic relationship, Participant Y shared her thoughts about those conditions which serve to cultivate African American women DV victims' trust in the counseling process. She commented,

I think just being warm and genuine. You know, suspending assumptions and judgment as much as you can and being willing to acknowledge when you mess up and like, hearing people when they point it out to you, giving people permission to do that. It is extremely difficult for any minority to say like, 'hey, that was a micro-aggression or like, that is more of a stereotype that does not really apply to me.'

Counselors who present as non-judgmental and open to hear the truth of their clients' stories are best able to engage African American women DV victims in the therapeutic process.

In elaborating about those factors that play a critical role in influencing the counseling relationship with African American women DV victims, Participant Y noted,

Meeting people where they are, which for me, from like a religious standpoint I think is, I do not know if, you know, you need to know this or not but for me, I just feel like that is what Jesus would do...meet people where they are with love

and compassion and not with like, judgment and brimstone kind of thing. Counselors must be able to accept African American women DV victims where they are in the process of therapy, connecting with that group's trauma in order to promote change.

Participant X discussed her views about counselors being assumptive about the lived experiences of African American women DV victims. She voiced, I think sitting back and really listening, really listening and being able to sit back instead of jumping at any time I feel like I have an answer, it is not quick and easy, you know, with minority populations, especially if you are not matching in their population. That is very, I would say, rude and assumptive to just jump in and act like you know what is the answer immediately without knowing the whole story, and how this person really understands their lifestyle and their identity... No, that is how you get someone to not come back or to degrade trust in you."

Listening to African American women DV victims' narratives can help counselors avoid making assumptions, thus developing approaches and interventions that best meet the needs and expectations of this cultural group.

Other participants shared further details about the importance of suspending judgments and working to understand African American women's journeys. Participant F noted "That is one of the things I always tell the women, 'I am not here to judge you, I know things happen,' you know, 'I am just here to make sure that you are safe.'" Participant B also shared a counselor's responsibility to remain unbiased, noting "they will say 'I feel judged, I feel like, you know, people do not understand.'" Those participants acknowledged African American women DV victims' need to feel safe and

accepted, free of judgement, thus increasing their confidence in the therapeutic process.

One other participant relayed concurring thoughts. She declared, “I do not think that I would go to see a therapist if I thought I was going to be judged, and I do not think that like, our like, race relations are clean enough right now” (Participant D).

Counselors’ judgmental and assumptive attitudes are a key deterrent to engaging African American women victims of DV in the therapeutic process, causing mistrust in the counselor’s ability to provide support.

Sub-theme 2: Identifying with the Counselor

One surprising theme that evolved from participants’ interviews was African American women’s desire for the counselor to be of similar race and culture background. Participants’ narratives overwhelmingly revealed that African American women victims of DV feel most comfortable with a counselor who they perceive can relate to their lived experiences.

I think specifically when I am working with mandated clients as a White clinician ... it is very important to me to ensure that the therapeutic alliance is built and finding common ground, letting people understand that I am an ally and I am, you know, an accomplice I feel like is a better term, because there are going to be times where I am not going to understand the Black experience, and as someone who has not personally experienced domestic violence, I am not going to understand that part either from a personal level, but I can be a guide and come alongside people and let them know that I am genuinely interested in helping them stay safe to improve their lives, whatever that means for them. (Participant Y)

While a counselor of a different race or culture may not fully be able to relate to an African American woman's encounter with DV, that counselor can share a sincere desire to understand and work collaboratively to support that client's safety and well-being.

In further discussing her alliance with African American women clients, Participant Y discussed the process of trust building with this cultural group:

You kind of see them move from that like, pre-contemplation to like, a contemplation stage. Like, 'I will engage with you, I do not know if I trust you yet but I will engage with you and I will kind of like, test that a little, I will give you a little something and see what you do with it,' you know, and then it is kind of this critical moment, like, you have to make sure you do the right thing with it and if you mess up, you acknowledge it.

For counselors who are of a dissimilar race or culture, building a trusting relationship with African American women clients takes time and requires a display of humility to support the client-counselor relationship.

Another participant shared her experience:

"I would say that there seemed to be an idea at times with some of the women I have worked with, that are African American, that it was almost a betrayal to walk into a counseling center, and then especially to be talking to a White therapist. They were like, 'I do not know if this is right for me, you are not really going to understand.' Which, understandably, I cannot represent myself as being from the same, you know, community or experience. So, there was some suspicion I would say, and rightfully so because I think a lot of Black women do not run into a lot of knowledgeable people or, you know, a lot of women have

spoken to me about, ‘Well, this person told me just do this or just do that, it is not that easy in my community. I cannot just do this or that.’ You know, just get up and go or, you know, stand up and set boundaries. (Participant X)

Counselors of a different race or culture may be viewed as misunderstanding African American women’s experiences with DV, requiring those counselors to acknowledge and respect the cultural group’s feelings of suspicion.

“When you have a client in front of you that is a survivor of domestic violence, she is not going to trust, a Black woman is not going to trust a hundred percent of White counselors because they will say it to us, I have been out in the field for so many years and they will say to me ‘I would rather speak to you than to speak to her’ and ‘I do not care if she is licensed, I do not care how much credential she has. She is not going to understand my struggle the way you can understand my struggle’” (Participant C).

African American women victims of DV seek counselors who are able to genuinely relate to and understand their experiences. Participant C further disclosed,

I had clients that were afraid of going and talking to a White counselor because right away things are seen different...there was that trust that they do not have that, there is not that trust and no matter what we try to say and how they try to frame that questions, there is that distrust that we have...they will say straight to me, ‘You understand me better, you have walked in my shoes, maybe not with domestic violence but as a woman of color,’ and that is where I think being a counselor and being a Black woman working with another Black woman, I can get, I can actually better serve.

Counselors of similar race and culture may be perceived by African American women as being trustworthy and approachable, which are important components in developing an alliance with that cultural group. Another participant shared,

I find that women, especially if they have experienced domestic violence, purposely, strategically seek me out because I am an African American female. So, even though I know it is important to have that connection, I want to say familiarity, I see from their perspective that it is extremely important to them that they do not feel comfortable speaking to anyone about their issues or experiences with someone that is not of their similar culture. And I am thinking of one example, a young lady told me that when she did tell someone who was not of her culture about her experiences, it was not kind of like empathetic but more sympathetic as if, Oh! I feel so sorry for you. Oh! that is really messed up.' But not in a connective sense. (Participant A)

Counselors who are able to not only relate to African American women's experiences but also display an empathic connection are important components of developing a positive therapeutic alliance with that cultural group.

When discussing those components that help to develop therapeutic relationships with African American women DV victims, Participant Z said,

I am going to be honest with you. A big part of it is me just being an African American woman myself. I have had women come in, it is like, 'Oh, thank God you are Black, I can talk to you.' So, just being an African American woman, I mean I had one yesterday, she was like, 'Oh, I am so glad I got a Black girl,' you know. So, that is huge because they already feel a little comfort and knowing and

believing that I will understand more or just more comfortable because, you know, they are talking to someone that looks like them.

African American women counselors are viewed by African American women who experience DV as more understanding than counselors of a different race or culture.

When asked the reason she believes African American women victims feel more comfortable disclosing to her as an African American woman, Participant Z made the following statement:

I do not know. I think it is because, I guess, I think it is because they feel like I understand and someone that is not African American probably would not understand. Even though domestic violence is across the board, in their minds is I understand or maybe is just a comfort. I really...that is a very good question. I think it is just a comfort level, just like, I get to see someone that looks like me. And I will say this, and I giggle at it: even the way patients talk to me changes. Like, once I walk in, their language changes. So, it is like, 'Oh, girl, jeez, I am so glad you here.' You know, so it changes. It is like...everything changes when I walk in and they see my face and they are like, okay, it is like a sigh.

While counselors of similar race and culture may or may not understand the experiences of African American women DV victims, African American women DV victims' perception that those counselors understand or can relate to that cultural group provides that cultural group a sense of comfort in the therapy process.

Participant G's discussion about African American women's comfort level with counselors of different races revealed similar encounters as Participant Z. She noted her experience with a client,

I will recite what one of my women, one of my clients said when we spoke on the phone. She said, 'I did not know who you were, you sounded different, I thought you were White and I was like, oh here we go again.' She says, 'Oh you are brown, you are not Black, you are brown,' but these are the thoughts that were going through her mind again....She said, but that gave her a little bit of reassurance that 'You somewhat looked like me,' and I have heard that from many of the African American women that I worked with. ... It is them processing because of the past experiences they may have had. So, she said, 'I gave you an opportunity, I gave you a chance to see, you know, your color was similar to mine, but I wanted to know if you really understood me and what my experience was.'... That is a component for the women I am working with that I am not Caucasian, which is really important to them.

African American women DV victims feeling a sense of comfort with the counselor is an important component of developing a working relationship.

I would say that there have been a lot of Black women that I have known and worked with, that have experienced domestic violence. So, the numbers are so high that the assumption is that most women have. And I feel like, if I have that same idea, I guess other people do too. Now, are there situations where I would perhaps self-disclose that maybe I have, but it is kind of like I do not even have to do that because they assume that I, somehow, have or that I at least empathize with that experience. (Participant A)

Counselors who are of the same race or culture are perceived as being able to display more of an empathetic understanding than counselors who are of a different race.

Theme 2: Understanding Individual Experiences

Participants in this study discussed the value of understanding the influence of African American women DV victims' lived experiences on their behaviors in seeking counseling support. Norms and values grounded in the historical experiences of the African American culture must be understood in order to respect and support African American women DV victims.

Sub-theme 1: Cultural Values and Norms

Participant Y openly discussed her upbringing and how her family's worldviews influenced the way she thinks about and reacts to other people's viewpoints. She shared,

I really like to get to know people's like, values, what is important to them. ... I think that specifically because I grew up in such a like, a homogenous like, really strict Christian household, like, very conservative, that was like, pretty like, harsh to like, people that were not within that group and I feel like, in a lot of ways, I am like, a reform, reforming, I guess I am not finished, you know, but coming out of that ... so it has been a big reworking of the way that I view the world and view people that has been a big part of the way that I do therapy, and so I really try to be vigilant of that with everyone that I meet because that is a huge value of mine is meeting people where they are, knowing what their values are.

Counselors must be aware of and engage in ongoing assessments of their own worldviews and how those views can affect their work with African American women DV victims.

Continued dialogue with Participant Y revealed her personal experience with African American women's behavior being misunderstood. She expressed,

My husband is Black ... And I just I always think about my mother-in-law. So, she does not speak below screaming, like, she just does not. Like, that is just her normal tone, like, she can be happy or sad, but she will be loud and that is just who she is. And how like, for people from the outside looking in, if they are not familiar with Black culture, especially with my mother-in-law, then they could very easily slip into that stereotype of like, the angry Black women or like, these biases that are persistent and misinterpret what is really happening there.

Counselors can have prejudices that influence their assessment and intervention with African American women DV victims.

Participant C candidly spoke about African American women DV victims' behaviors that are culturally normal but may be viewed as hostile or noncompliant by counselors of a different race or culture.

I understand that sometimes victims or survivors of domestic violence will not go forward because you are taught that you do not put out your business out there and it is not that the person does not want to be compliant or they do not want to seek, it is just the way we are brought up ... we normalize a lot of things. We normalize things that happen, and we see it from one generation to the other and what I see as normal in the household, for another culture might not be normal. I come from a culture that we talk loud and we use our hands when we talk ... that is how we are brought up. We are brought up in a culture where we look at our kids and just by looking at our kids and our parents looking at us, we know it is time for us to settle down.

African American women DV victims can come to the therapeutic process with help-

seeking behaviors influenced by cultural values and norms.

In discussing those family values or norms that can be barriers to African American women DV victims engaging in the therapeutic process, Participant G revealed a barrier that confirmed Participant C's experience with that cultural group's reluctance in sharing family problems. Participant G stated,

The small percentage of women that I have worked with, [one of] the few things that I have noticed as a barrier is keeping it a secret. The family belief that whatever happens in the family system stays in the family system. ... It is about building relationships of trust and for these women, they have learned ... not to trust anybody.

African American women DV victims' family values and norms can influence their decision to trust their counselor and disclose their story.

Participant X shared an account of her experience which corroborated Participant C's discussion about the importance of understanding culturally influenced behaviors. Participant X noted,

A lot of African American women I have worked with would talk or reference the strong, silent Black woman trope. ... They were referencing this idea of, you know, 'well, I have got to take care of the kids. Well, you do not just leave someone. That is not how I was raised. That is weak.' Very much referencing, not discussing feelings. So, that was something that I had to tread lightly with because a lot of people, you know, are like, a little put off by, well, 'I do not want to really talk about that. That is not your business.' And truthfully, if you do not know me from a hole in the ground, it is not my business until I get to know you. But I

could just tell that they felt that they were expected to hold down the fort, basically for their family, their community.

Some African American women DV victims come to the therapeutic process with the belief that they should be able to deal with their situation without support, which can be a barrier to formulating a working relationship with their counselor.

When asked to expand on the idea of African American women DV victims being misunderstood as the stereotype of the angry Black woman, Participant X stated,

All those little counselor ways that we categorize clients into basically saying I am the expert, why are you not listening to me? Which almost always comes back to you have not given them any time to trust you. You know, no one really is non-compliant, there is always something behind that. And to see that, I found it to be very hurtful because then I know that if someone is that out of check with what is going on and how they are treating, you know, a Black woman dealing with DV, that they are going to go into the next session and keep that animosity and they have now really, I mean made that relationship almost next to impossible.

If not understood in the context of African American women DV victims' culture, counselors could misinterpret that group's non-verbal and verbal communication, thus jeopardizing a harmonious working relationship.

Sub-theme 2: Empathetic Understanding

Participant interviews overwhelmingly revealed the need for counselors to display a compassionate understanding of African American women DV victims' lived experiences.

It is important for them to receive empathy and I do not know; I just feel like it is

really important to understand what someone is going through, number one, and feeling it, feeling what they feel without being fake about it. I feel like there should be another word for me to say it but that is just what it is. Realistic, really understanding where the person is coming from, what they are going through when they share their story or background, just really connecting from a deep-rooted empathetic nature. (Participant A)

Creating and displaying a genuine empathetic connection with African American women DV victims is a necessary component to cultivating a therapeutic environment in which that cultural group feels comfortable to recount their lived experience.

Participant H was forthcoming in sharing her unique experience and idea of understanding African American women DV victims' experiences. She stated,

I probably cannot really ever truly understand, right? I can understand, I can hear and sort of support and maybe empathize potentially, but I do not know that I can ever truly understand it, right? Because I have not experienced that, right? ... I do not understand because my experience was, you know, was probably quite different but I can ... I want to hear from you and you can certainly try to empathize and support and validate, right, as opposed to try to understand or even relate, right?

Some counselors may not fully understand an African American woman DV victim's lived experiences. However, counselors can acknowledge their clients' struggles and show compassion as an African American's DV victim's story is told.

Other participants provided similar views of counselors' ability to understand African American women's experiences. Participant F conveyed:

I find that a lot of times, sometimes my colleagues struggle to relate, and to be able to provide, you know, quality counseling to these women because they are not understanding them, like, the layers in the background and, you know, the generational things that have gone on and that culture and, you know, the plights that these women face and so, having that understanding, that background of that history and knowing, you know, not just slavery but knowing, you know, the oppression ... it helps you to be able to kind of be able to not only relate to the women but also to be able to format the counseling and format, you know, those interactions based on that knowledge because without that knowledge, how can you fully help them, how can you fully, you know, be able to understand even what they faced or even have some of that empathy towards what they are dealing with ... but at least have that understanding of what it is and, you know, what, culturally, they face.

Being able to relate to or understand African American women DV victims' experiences requires counselors to have a knowledge base of that group's cultural and historical background which can assist in forming an alliance and developing intervention plans unique to the clients' experiences.

Dialogue with Participant B also revealed empathy as a critical component to understanding African American women experiences with DV. She conveyed,

I think when people feel like you understand where they are coming from, you understand their value as a person even if they do not, but they see that you care about them, care about who they are, then it makes for a more successful therapeutic relationship ... understanding their plight in society, what may have

led to some of the choices they made, valuing that they are in spite of their choices, they are valuable, that it is okay to be empathetic and in all honesty, to encourage them to ... showing them that you are not just in it for what you can get which quite often is the monetary gain but you are there because they are valuable to you.”

Having an empathetic stance toward African American women who experience DV can relay the value counselors have for that cultural group’s place in their community and that they are unconditionally accepted and supported.

Participant G described her approach to having an empathetic understanding of African American women DV victims’ experiences as taking a “backdoor approach.” She shared,

I do not want them to have the sense that I know everything because I do not know their experience and my purpose is to learn from them while supporting them to be and feel safe ... it is learning to pull out of my experience and join with their experience ... have the knowledge, understand the research but not presenting that as ‘I know it all, I know your experience, I know what you are talking about.’ No, it is understanding the research and joining with the client as they are giving their narrative and in the back of my mind, okay this matches up with the research that I am reading, this does not label who they are, this just matches what research is saying, it does not define who they are at all, and that is one of the things that I try so hard not to do is to define them by the research, and help them understand or help them define who they are in that situation and what is important for them.

Counselors who recognize African American women DV victims as the expert on their experiences with DV are open to their clients' perspective on their encounter with DV, and work to understand what support looks like for those women are more likely to develop a positive alliance with that group.

Theme 3: Understanding the Impact of Systemic Racism

Interviews with participants uncovered the barrier of systemic racism encountered by African American women DV victims. While the reported beliefs about the injustices faced by that group are participants' ideas and may not be generalizable among all counselors who support African American women victims of DV, institutional racism is viewed as a reality for that cultural group and an obstacle that is critical for counselors to acknowledge and understand.

Sub-theme 1: Mistrust of the System

Participant Y was transparent in discussing experiences with African American women DV victims who are skeptical of her genuineness in supporting them because of their mistrust of the system. She shared,

I think that there is automatically going to be some discomfort and feeling that I am part of the system that is keeping them entrapped in the system and perpetuating the systemic racism within our system and I completely understand why that would be present.

African American women DV victims can present as being doubtful of the therapeutic process due to their experiences with injustice. In continuing to voice her views about systemic racism encountered by African American women DV victims, Participant Y firmly stated, "You know, the system that is supposed to help them and protect them does

not believe in them.” Systems of support can be unsupportive and dismissive of that cultural group’s needs.

In discussing important factors to consider in counseling African American women DV victims, Participant H shared “systemic racism” as one of those components. When asked to expand on her thoughts about the inequity faced by African American women, Participant H provided detailed information about the reason she believes systemic racism unequally impacts that group. She voiced,

The way that the system is designed and who it is designed by and who it is designed for ... the people ... that are making the decisions ... and what the rules are. So, and I have no idea, I have never walked into the decision-making room ... but I would imagine there are a whole lot of individuals in the room that are probably White. ... I am not saying all of them, I do not want to make like, any sweeping assumptions but when one group that probably is not at the table is victims and survivors of domestic violence, right, that have grown up in poverty that have needed to access those resources. ... My point is the people that are making the programs I think probably have sweeping judgment, very different life experiences than the overwhelming majority of the people who are then going to access those resources and those programs.

African American women DV victims face challenges navigating systems of support due to those institutions being non-inclusive of intersectionality, limiting access to needed services for that group.

Ongoing discussion with Participant H about her experience with developing an alliance with African American women revealed beliefs about that group’s experience

with the child welfare system. She asserted,

I think it is one of the most unjust parts of the system that we have, particularly for African American mothers experiencing domestic violence, and the rates of removal from safe moms is incredibly disturbing to me. You know, I have had attorneys for the state pretty much say that, I mean acknowledge to me that they are punishing mom. This is not designed to be a punitive system, the child welfare system, right?

Systemic racism is present in the child welfare system and can be viewed by African-American women DV victims as non-supportive of their safety.

Other participants corroborated Participant H's claim about African American women DV victims' mistrust of systems structured to support.

In order to have a successful therapeutic relationship, you have to believe that you can trust that the individual you are working with has your best interests in heart and ... I have encountered young people who told me that the system was unfair to them because one of the things that they fear is having their children removed from their custody. ... So, for the most part, it is a trust issue and as you know, the African American people in general do not trust the system. (Participant B)

African American women DV victims' lack of faith in the system and fear of their child or children being removed can be barriers to that group trusting the therapeutic process and developing a working alliance.

Participant C said, "They were afraid of DCF taking away their kids and there was that trust that they do not have."

Trust is a critical component to cultivating an alliance with African American women DV

victims.

Participant F not only discussed African American women's mistrust of the child welfare system but also of law enforcement. She affirmed,

A lot of times, the women that I encounter, African American women that have faced domestic violence are afraid to talk to people about what they have gone through. They are afraid to 'well, I do not want them in my business' or, you know, 'If I say the wrong things, they are going to take away my kid,' 'if I say the wrong things, they will cut off my food stamps,' 'if I say the wrong things, then this would be taken away from me,' 'the police do not care about me.' You know, sometimes we do interviews and we ask 'Well, did you call the police during any of these incidences?' And sometimes they will be 'Well, sometimes they come out and they just say you go this way, you go this way and that is it, they are not going to help, they do not do anything anyways, so why should I call them?' And so, sometimes, you know, they deal with the severe abuse because they are like, 'Well, the other times that I did call, nobody really helped me.'

Unfavorable experiences with the institutions of support can contribute to African American women DV victims' hesitation in engaging formal support systems.

Participant G disclosed her experience with African American women who "have had clashes with the law" due to the domestic violence. She shared surprising feelings of allegiance to not only protect African American women DV clients but also to safeguard the African American woman's boyfriend or husband whom the woman loves.

Participant G stated,

I know a lot of therapists will say, 'why would you do that?' It is really for them,

and African American men and women have been marginalized. They have been underserved in so many ways. They have had experience with the dominant culture and not a pleasant one ... that is part of the building relationships of trust.”

A reality of working with African American women victims of DV and understanding their help-seeking behaviors can be that cultural group’s anxiety about how the legal system may treat their significant other. Counselors acknowledging that truth is important in understanding the experiences with racial inequity for African American women DV victims.

I think there are a lot of barriers, probably a lack of trust in this system. I think that was one thing that we played up when we would do talks in the community about our services ... we served a diverse community and so there were specific groups on trying to connect with different populations and so just trying to figure out what the best way establishing those relationships with. (Participant E)

Assisting African American women DV victims in overcoming the barrier of mistrust in systems of support includes counselors working to support that group in connecting with and re-building trust in systems that can support their well-being.

Sub-theme 2: Access to Resources

Understanding some African American women DV victims’ ability to access resources was an important component of multicultural counselor competence addressed by each participant.

So, we are talking about African American women who typically have very few if any resources, right, which is why they end up in shelter ... that is one of the biggest barriers with the women that I have worked with is lack of resources ... I

have been talking about for 20 years that the barriers have not changed, so child care, transportation, affordable housing, dependable employment ... so there continues to be this sort of group of victims and survivors that tend to, no matter what, kind of fall through the cracks, if you will. And that continues to overwhelmingly be young Black mothers, survivors of domestic violence who have been living in poverty. So, that continues to kind of be the survivor that you see is not eligible for all of these things that kind of are put into place. (Participant H)

Availability of needed resources is a barrier African American women face more than any other cultural group experiencing DV.

“When I try to get them, let us say I have one that is willing to go to a shelter, the shelters say ‘they are not in harm’ because if you are living in the streets, you just move to another location. I do not agree with that because it is not like you have shelter to keep that person away from you, but it is hard finding shelter for them which ties back to no trust in the system. (Participant Z)

Challenges faced in accessing needed resources increases African American women DV victims’ distrust in formal systems of support.

Participant A shared similar sentiments about African American DV victims’ ability to access resources and “systemically just finding places to go for help” that could support their process of leaving the abusive relationship. She proclaimed,

I do not think there is, it is really known where to go, what to do. I think in the past years ago, I would advise women to call the police. Now, I do not know if I would. So, right there, where do you start? Where would you go in a serious

incident? Would you call the police, I do not know. ... So the one I know shelter in our area from where I am is at least 20 miles away. There are not that many shelters. There have been cutbacks from the federal, from the state level. So there just are not places there for help and then say, the person that finally got up the guts to do something about what they are experiencing, the violence they experience, like then that is a big barrier roadblock because what do you do first? Safety planning and assisting African American women DV victims in identifying and accessing resources can be challenging due to limited programs and services available to support that group.

They come from an area where they did not have the resources to get a better education, get a better job, to be able to be more supportive for themselves that they did not have to rely on someone else. That is huge, because even if the guy you are with does not have anything, it is still better than you having nothing on your own. (Participant Z)

African American women DV victims who come from underprivileged communities lack the resources needed to become self-sufficient, thus feeling compelled to continue in the pattern of abuse.

Participant C also talked about “the lack of education and resources that do not get to certain communities.” She described her experience,

“I think ... why only are we asking a question in the ER, why is it that ... there is only one big program for domestic violence that is well known in such a big community and diverse community, I mean that has always troubled me because I come from a place where there were so many different programs addressing

different cultural groups ... they were able to open different agencies in different communities to address that population.

More support services that can address the diverse needs of African American women DV victims are needed in that group's community.

A lot of times if you are living below poverty, you do not have access to the same things that other people do. So, if you are living in a neighborhood that does not have a community resource center or does not have access to, you know, a place where you can go and find financial assistance or find job placement and job training and things like that, you are not going to be able to get out of that situation that you are in ... so, having even that understanding. (Participant F)

Counselors who possess an understanding of the challenges African American DV victims face in accessing resources that are equitable are better equipped to provide the most appropriate intervention and support to that cultural group.

Participant G's discussion about access of resources as a barrier for African American women DV victims validated the idea of the need for resources to be equitable. She declared,

There is that racial barrier to providing services for African American women as well in this dealing with domestic violence because it is the attitude, 'Oh, that is how they do it,' and I hate hearing that.

The impact systemic racism has on assisting African American women DV victims in navigating systems of support and overcoming the stereotypes is important for counselors to understand and accept as a reality for that group.

Participant G continued to share her views on accessibility of resources for

African-American women DV victims. She said,

Poverty is another barrier, unable to have access to resources, inability to access them, inability to, maybe the education of what is available for them, and the women that I am working with now were not aware that there were services available to them, or if they were aware of them, the narrative is ‘We do not utilize those services,’ because again, it comes back to ‘because if we utilize those services then the world is going to know what is going on in this relationship.’

Reasons African American women choose to avoid seeking out formal support services can vary, including impoverishment, cultural stigma attached to seeking help, and lack of knowledge about available resources. Awareness of barriers to acquiring support can assist counselors in devising interventions that can educate and provide opportunities for African American DV victims.

Theme 4: Culturally Responsive Interventions and Approaches

One-on-one interviews uncovered therapeutic approaches that varied among the 11 participants. Discussion of those counseling techniques revealed components of a positive working relationship to assist in supporting the safety and well-being of African American victims of DV.

Sub-theme 1: Collaborative

The therapeutic process has to be what they want and how they can maneuver their way to a safer place, rather than what I know you need to do and the timing, ... my time is irrelevant to what is their timing. ... I think that is really important too when working with African American women, with domestic violence is developing a safety plan that is measurable for them, not what I, okay, ‘this is

what you have to do: a b c and d and these are the organizations that you need to call.' It is communicating with them, joining with them, what do you feel safe doing? (Participant G)

African American women victims of domestic violence must view counselors as their ally in treatment planning, feeling a sense of autonomy to make their own decisions.

She is the expert in her experience, she is the expert in him, so how do we engage her in that, right? And walk beside her as a partner as opposed to telling her what she should and should not do, which is that sort of, I think of that kind of domineering kind of patriarchal, I know better than you do, how to, you know, fix your family. (Participant H)

Working with an African American woman DV victim requires counselors to acknowledge a client as the primary resource in providing information about her experiences, which can assist in developing a viable therapeutic plan relevant to the client's needs.

Participant E shared similar ideas about the importance of working collaboratively with African American women victims of DV. She noted,

I feel like meeting the client where they are at, I think that is a huge piece. Not making assumptions, allowing for questions, and what is the client's goal, right? As the counselor, I may have one idea, make some assumptions and everything. I may have some ideas but meeting the client where they are at and finding out what the client's school is, I think that is really important.

In working with African American women DV victims, counselors should make no preconceived notions about that cultural group's experiences but rather engage African-

African women in conversation about how they see their situation and what they believe is the best approach to overcoming their difficulties.

Participant B shared the same sentiment in “just meeting them where they are.”

She added,

Working within the boundaries of how you can support them to meet the need in their family. ... If, you know, if you are discouraged and depressed and someone comes in and you are like, you know, how did you get here? Why did you do, you know, I mean you can ask those questions once you build a relationship, but I go in with the idea that I am here to help you.

Embracing a collaborative therapeutic relationship helps to strengthen the alliance and encourages African American DV victims to share their share their stories.

Participant D echoed the utmost importance of a collaborative relationship in working with African American women DV victims. She commented,

Everybody is doing the best they can at the given moment with the tools that they have. So, I think that that undergirds everything as utmost positive regard, recognizing, and this is not like, in our theoretical stuff, but recognizing that relationship is primary in healing, no matter what modality is used.

A collaborative relationship with African American women DV victims includes unconditional acceptance, which helps to support and strengthen the alliance in working toward their safety and well-being.

Sub-theme 2: Strength-based

“I am client-centered, strength-based ... What strengths do they have using motivational interviewing to help them problem solve” (Participant G).

Counselors who implement a strength-based approach in working with African-American women DV victims acknowledge that, as a cultural group, they possess the tools to address their problems.

Participant C described how and why she utilizes the “strength perspective.”

Having them have ownership, letting them see, okay write me a list ... all the things that you know you are good at and the things that you need help with, and I do it for women for several reasons. I do it for them to visualize ... because when you are hearing so much, ‘You are not worth anything. You cannot do this right, you cannot do that right, you do not know how to cook, you do not know how to do this, you do not know.’ And this is coming from the man that you love, that starts working on you and then you hear from your family you are too weak to walk away. So, we have to give them, take it, give it back. ... They need to know what is their worth.”

Implementing a strengths-based approach with African American women DV victims helps them recognize their abilities to change their situation.

Participant Y shared similar points of view as Participant C when discussing the value of using a strength-based approach with African American women victims of DV.

She commented,

All these messages that they have been told by their, you know, alleged abusers, like, none of that is true, you know, and looking at how resilient they truly are, tapping into a lot of their strengths. ... It is complicated. I think that any time you get knocked down, whether that is literally or metaphorically, whether that is within domestic violence or outside of it and you can get back up again, that is

resilience. Even if you are bloody and battered, you are still standing. And I think the majority of minorities in America are resilient when they are able to push forward. I do not know if that is the right term but, you know, to experience the oppression and inequality, the injustice and still get up in the morning and still care for themselves and care for their children or go to work or go to school or care for their parents or have friendships or whatever that is, you know, that it takes a unique inner strength to do that and I do think that people who have been systemically oppressed, trans-generationally, that there is this expectation and it is not always acknowledged as resilience because it is just what we do. ... And that is a strength and it does not get acknowledged.

African American women DV victims possess undeniable strength that is magnified through the many adversities they have overcome. That strength can and should be used as a tool in the therapeutic process to support their safety and well-being.

Sub-theme 3: Empowerment

Participant H passionately discussed her experiences with approaches that have been most effective with supporting and validating African American women DV victims. Rather than assuming that they want counselors “to step in and fix this for her,” she supported “asking her.....And letting her kind of drive the bus.” She elaborated,

I kind of go back to the empowerment component because I think that is really important with survivors of domestic violence, certainly African American survivors of domestic violence, of kind of validating some of these inherent inequities and unfairness of their experiences.

Empowering African American victims of DV can improve opportunities for them to take

charge of their own lives, although they have been greatly impacted by injustices.

“I will say I go in non-judgmental, just helping them, giving hope. That is the biggest thing. I think hope. Giving hope ... I am here to give you hope that in spite of the fact that you are here, it does not have to be this way forever. So, giving hope, because hope motivates people.” (Participant B)

Incorporating an authentic feeling of hope in the process of therapy is important in supporting an alliance with African American women DV victims and encouraging them to be optimistic about their circumstances.

In supporting African American women victims of DV, Participant X was direct in her conversation about instilling hope, but shared her belief that counselors’ messages of hope must be balanced with “reality.” She stated,

I try not to be too idealistic and try to, you know, say to people, ‘Oh, yeah, everything is going to be great and fine and perfect and in one year, you can do this and that,’ but show people that, you know, ‘I see you, I know you, I know I am getting to know who you are and what you are about, and I know that this is not where you expected to end up and I know that things can be different, but we have to accept what is happening right this second in the way of that it is what is happening.’ Again, not that we like it or invite it into our lives. Yes. And I found that that has worked very well, because it is the right amount of balance of hope and reality, I would say.

Empowering African American women DV victims includes helping them acknowledge and accept their current situation and then taking responsibility for working to change their future.

Participant Z shared that empowerment is critical because “they do not believe that they deserve anything better” since “domestic violence is breaking down their self-esteem.” She added,

When you work with them, you have to think about and work with all that happened prior to that relationship because if you are working on only that relationship, that is a Band-Aid. And that is where you get the women that end up in another relationship similar to the one they just got out of ... then you can work on strengthening them ... maybe work with them on going back to school if that is what they need. Job training, just anything that can make them feel like they can do it on their own.

Empowering African American women DV victims encompasses addressing their self-esteem by supporting them in restoring autonomy and connecting with their community.

Participant F’s comments paralleled Participant Z’s. She stated,

So, if you are living in a neighborhood that does not have a community resource center or does not have access to, you know, a place where you can go and find financial assistance or find job placement and job training and things like that, you are not going to be able to get out of that situation that you are in ... so, how can we empower these women? How can we empower them to know that you can do this on your own, you are able to? You know, here are some community resources to help you to, you know, strengthen you.

Implementing interventions and approaches that can increase African American women DV victims’ self-efficacy through opportunities and choices that have been limited for that cultural group can serve to empower that group.

In discussing barriers experienced by the African American women DV victims who she supports, Participant G shared,

The other barrier that I resonate with is a lack of education around what is dangerous for them, what is safety, what a safe relationship looks like, because it is based on ‘what I have been exposed to, ... what I have been told is acceptable, and if what I have been told is acceptable – that he hits me because he is frustrated from work or what other financial reasons then it is acceptable.’ And that is why I am so passionate about empowering women... to break those barriers, which is really difficult”

Some African American women DV victims normalize and accept abuse. Utilizing the empowerment approach can support raising awareness of the cycle of DV and arm victims with the tools needed to break away from their abuser.

Components of an Alliance

Four major themes emerged from participants’ interviews related to the research question: What factors of multicultural counselor competence do counselors experience and understand as influencing a therapeutic alliance with African American women victims of DV? The themes and subthemes that developed examine the essential components that influence therapeutic relationships with African American women DV victims.

Table 3 depicts the important elements that add to the understanding of counselors’ cultural competence, which strengthen their relationships with African American women experiencing DV.

Table 3*Themes, Supporting Quotes, and Findings*

Themes	Findings
<p>Clients' belief in the therapeutic process</p> <ul style="list-style-type: none"> Core values <p>"You know, suspending assumptions and judgment as much as you can...hearing people when they point it out to you, giving people permission to do that" (Participant Y).</p> <p>"I am sitting there, and I am listening to what you are saying.....now they are like, 'okay, she is taking the time,' and now some of them will say 'I just want somebody to listen'" (Participant Z).</p> <p>"Really listening and being able to sit back instead of jumping at any time I feel like I have an answer. It is not quick and easy, you know, with minority populations, especially if you are not matching in their population. That is very, I would say,</p>	<ul style="list-style-type: none"> Counselors' judgmental and assumptive behaviors can deter African American women DV victims from seeking counseling. African American women DV victims have the need to be heard by their counselor.

rude and assumptive. ... No, that is how you get someone to not come back or to degrade trust in you” (Participant X).

- Identifying with counselor

“I wanted to know if you really understood me and what my experience was,’... that is a component for the women I am working with, that I am not Caucasian, which is really important to them” (Participant G).

"I had clients that were afraid of going and talking to a White counselor because right away things are seen different.....there was that trust that they do not have” (Participant C).

“I have worked with [women], that are African American, that it was almost a betrayal to walk into a counseling center, and then especially to be talking to a White therapist. They were like, ‘I do not know if this

- Shared cultural norms and racial identity with a counselor are factors that provide a sense of comfort and trust for African American women DV victims.

- Cultural mistrust exists with counselors of a different ethnicity or race.

- Counselors of a different race or culture can be perceived as misunderstanding African American women’s culture or expressed needs.

<p>is right for me, you are not really going to understand”” (Participant X).</p>	
<p>Understanding individual experiences</p> <ul style="list-style-type: none"> • Cultural values and norms <p>“It has been a big reworking of the way that I view the world and view people that has been a big part of the way that I do therapy” (Participant Y).</p> <p>“We normalize a lot of things. We normalize things that happen, and we see it from one generation to the other and what I see as normal in the household, for another culture might not be normal” (Participant C).</p> • Empathetic understanding <p>“Hearing and understanding their story ... Everyone's story is different so making sure I understand while giving them validation and reassurance, understanding their steps in their journey” (Participant A).</p> 	<ul style="list-style-type: none"> • In working with African American women DV victims, a counselor must be aware of their own worldviews and the impact on their perception of African American women DV victims’ experiences. • Counselors’ awareness and knowledge of cultural worldviews in the context of African American women’s experiences are critical to strengthening an alliance. • An empathetic understanding is key to counselors’ cultural competence and supporting the needs of African American women DV victims.

<p>“So, it is learning to marry research with their experience and having pulled them into that conversation so that they are learning at the same time but also giving their own take on it and understanding” (Participant G).</p> <p>“How can you fully help them, how can you fully, you know, be able to understand even what they faced or even have some of that empathy towards what they are dealing ... you do not have to go through it but at least have that understanding of what it is and, you know, what culturally they face” (Participant F).</p>	
<p>Understanding impact of systemic racism</p> <ul style="list-style-type: none"> • Mistrust of system <p>“Trying to encourage them to believe in the system is part of the rapport because they are trying to decide if they want to believe me or trust me, you know” (Participant Z).</p> <p>“If you think of an African American</p>	<ul style="list-style-type: none"> • African American women DV victims’ experiences with racism, oppression, and inequalities within systems of support are barriers to cultivating trust with a counselor.

victim or survivor who is grown up, let us say here in ... the United States, then I think that, you know, you need to take into account, again, sort of a systemic racism” (Participant H).

- Access to resources

“That is my experience ... is sort of disproportionately it is African American and Black survivors who seem to have the hardest time accessing or being eligible for these services that are available” (Participant H).

“If we are saying all services are the same across the board, that is not going to work. It is not going to work for everyone ... we have to understand the history and be able to make sure that the resources we give them are going to help them” (Participant F).

“I think that the biggest one I hear is from clients saying something along

- A counselor’s acknowledgment of systemic racism encountered by African American women is an important element in intervention.

- African American women DV victims face the barrier of racial inequities in accessing needed resources.

- African American women DV victims’ help-seeking behaviors must be understood in the context of their culture and their ability to access resources and tools provided by the counselor.

<p>the lines of like, ‘either you or another counselor does not understand why I did not call the police or why I could not leave’ ... that judgment that they felt for not doing the right thing and this invalidation of how the right thing looks different ... when you are a racial minority ... a gender minority ... all of those things pile up and really reduce your access to right resources that it gets much more complicated” (Participant Y).</p>	
<p>Culturally responsive interventions and approaches</p> <ul style="list-style-type: none"> • Collaborative “She is the expert in her experience, she is the expert in him, so how do we engage her in that, right? And walk beside her as a part as opposed to telling her what she should and should not do” (Participant H). • Strength-based “You know, like, all these messages 	<ul style="list-style-type: none"> • Engagement with African American women DV victims requires counselors to embrace a collaborative relationship to best understand that group’s perspective of their lived experiences.

<p>that they have been told by their, you know, alleged abusers, like, none of that is true, you know, and looking at how resilient they truly are, tapping into a lot of their strengths” (Participant Y).</p> <ul style="list-style-type: none"> • Empowerment “I kind of go back to the empowerment component because I think that is really important with survivors of domestic violence, certainly African American survivors of domestic violence, of kind of validating some of these inherent inequities and unfairness of their experiences.” (Participant H) 	<ul style="list-style-type: none"> • A counselor’s utilization of a strength-based approach empowers and assists African American women DV victims in recognizing their capacity to be resilient in the face of adversities. • Implementation of an empowerment approach is particularly valuable in addressing the realities of systemic racism and injustices African American women DV victims experience.
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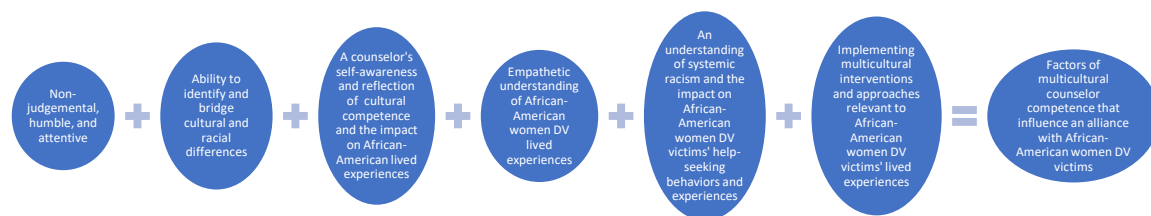
Summary

Chapter Four presented the results from interviews conducted with 11 counselors, gathering rich data from their reported lived experiences. The discoveries of this research validated much of the research outlined in Chapter Two and revealed the need for counselors to engage African American women DV victims from a more environmental and complex understanding of their unique experiences. Overall, participants shared ideas

about how they experience and understand the role of multicultural competence in supporting and cultivating a counselor and client relationship with that cultural group. Their common thoughts revealed an equation of counselors' skills and abilities that acknowledge the complexities of African American women's experiences with DV, thus encouraging a therapeutic alliance with that group. Those competencies are depicted in Figure 4.

Figure 3

Factors of Multicultural Competence



The narratives revealed how African American women DV victims' help-seeking behaviors can be influenced by their sense of trust in the therapeutic process, counselors' understanding of that cultural groups' individual experiences, counselors' awareness of the impact of systemic racism, and counselors' ability to implement culturally responsive interventions and approaches.

The findings of this research, overall conclusions, implications for professional practice, and recommendations for further research will be discussed in Chapter Five.

CHAPTER FIVE: DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

The purpose of this qualitative phenomenological study was to examine and report how counselors experience and understand multicultural competence in supporting and developing a therapeutic relationship with African American women victims of DV. The overall aim of this study was to provide contextual information on the most important characteristics of a culturally competent counselor who is able to work most effectively with this specific population. Conclusively, this study demonstrates that a multiculturally competent counselor who can engage in specific and effective interventions with African American DV victims will have a positive impact on a therapeutic alliance. This chapter includes a discussion of key discoveries related to the literature on counseling African American women DV victims.

The research question that guides the discussion is: What factors of multicultural competence do counselors experience and understand as influencing a therapeutic alliance with African American women victims of DV? Although participants' narratives of experiences with counseling African American women varied, the belief that multicultural competencies cultivate an alliance with that group was common and viewed as multifaceted, containing the following four themes: (1) clients' belief in the therapeutic process (2) understanding individual experiences (3) understanding the impact of systemic racism, and (4) culturally responsive interventions and approaches. Each feature of participants' accounts of their experiences included several subthemes that provided a deeper understanding of the research question.

This chapter will end with a review of what can be concluded from the findings, implications for the counseling profession, and recommendations for future research.

Discussion of Findings

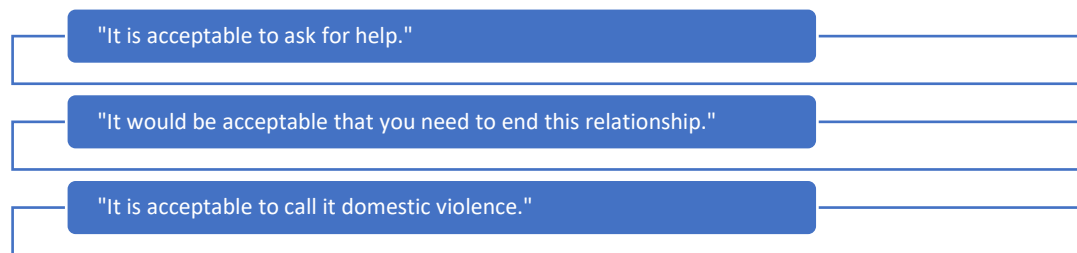
Clients' Belief in the Therapeutic Process

This study's findings concur with the literature, which revealed that cultural competence in practice with African American women who experience DV is critical to cultivating a therapeutic environment of respect and trust that can assist in effective assessment, intervention, and treatment (Al' Uqdah et al., 2016). A belief acknowledged by all participants was that the way counselors behave toward African American women clients can influence the development of a therapeutic relationship.

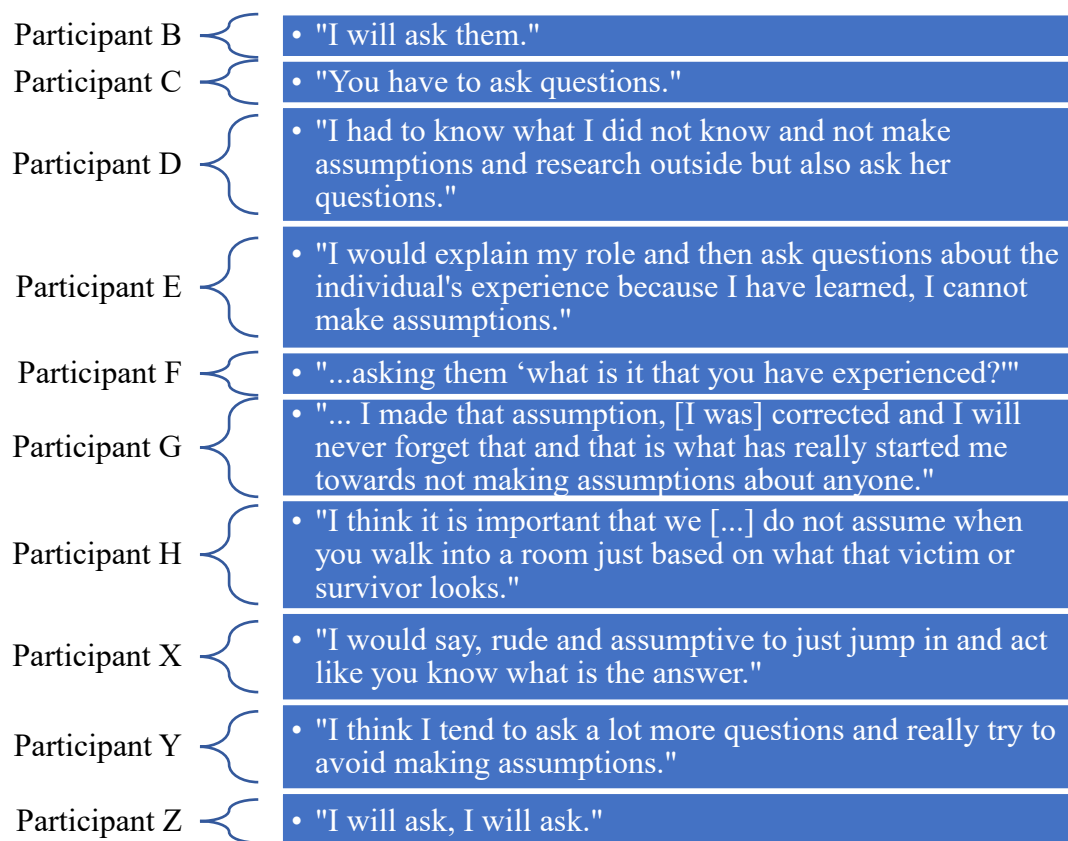
Core Values

Each participant discussed the characteristics that can promote and strengthen a therapeutic alliance with African American women who experience DV. While those attributes were many and included, yet were not limited to, warmth, genuineness, empathy, and caring, the collected data was consistent with prior research which argued that having a non-judgmental stance toward African American women is paramount because helps that group feel secure to share their lived experiences (Al'Uqdah, 2016). Participants' phrases such as "I am not here to judge you" and "they will say 'I feel judged'" relayed that African American women can perceive some counselors as judgmental and unsupportive of their experiences.

Adding to previous research was this study's revelation that counselors' assumptions can interfere with developing a working alliance with African American women DV victims. Participant D shared some assumptions counselors can make.

Figure 4*Counselors' Assumptions*

Ten out of eleven participants directly or indirectly referenced the importance of counselors having a non-assumptive stance with African American women, hearing and acknowledging their stories.

Figure 6*Participants' Perceptions of Assumptive Behavior*

Identifying With the Counselor

An unexpected discovery of this study was the participants' experiences with African American women DV victims' need to have a shared ethnic, racial or culture identity with their counselor. This study's findings revealed that African American women do "struggle to feel understood in the advocacy relationship when the advocate does not share their race or ethnicity" (Goodman et al., 2016, p. 293). Nine out of eleven participants found that their clients felt more comfortable working with and disclosing to counselors who were of the same race or culture. However, two of those participants were forthcoming in their limited understanding of the reasons African American women DV victims are more comfortable with a counselor of similar race, ethnic, or worldviews. Participant A mentioned that because "a lot of Black women" have experienced DV, her African American women clients "assume that I, somehow, have or that I at least empathize with that experience." Likewise, Participant Z admitted "I think it is because they feel like I understand, and someone that is not African American probably would not understand." Dialogue with those participants confirmed Goodman et al.'s (2016) argument that sharing the same race, ethnic background, or cultural norms is an essential factor in cultivating and strengthening a therapeutic alliance with African American women.

Although this study revealed that shared racial identity between African American women DV victims and their counselors is paramount, Participant Y's disclosure indicated that a counselor of a dissimilar race, ethnic, or culture as African American women DV clients can connect with African American women "by being warm and being genuine and congruent" rather than pretending to know what they do not know.

Participants' interviews showed that acknowledging differences and genuinely working toward building a relationship with African American women DV victims can assist a counselor who differs in ethnicity or heritage by fostering a level of faith and reassurance in the therapeutic process. This finding is consistent with previous research that noted the need for counselors of dissimilar race to reframe their approach to counseling from a "color blind" lens to a culturally competent viewpoint (Al'Uqdah et al., 2016, p. 881).

Understanding Individual Experiences

All participants expressed the importance of counselors perceiving African American women victims' experiences with DV from a cultural and social understanding. This understanding allows counselors to embrace that group's perspective on their situation and view them as individuals who bring uniqueness to the therapeutic process.

Cultural Values and Norms

The findings of this study revealed several points of view: (1) African American DV victims worldviews can differ from counselors' value-systems (2) African American women DV victims' help-seeking behaviors can be influenced by cultural norms and values, and (3) counselors' worldviews can influence their interactions with African American women DV victims. A conclusion to be drawn from those noted ideas is to acknowledge and regard individual differences in worldviews, embracing African American women DV victims' unique experiences in order to strengthen the counselor-client relationship.

The findings of this study agree with Al'Uqdah et al.'s (2016) argument that counselors' cultural understanding of African American women DV victims' experiences

can help establish a therapeutic environment that will respect that group's cultural norms, ideals, and morals, which may differ from those of the dominant culture. According to Gumani and Mudhovozi (2013), cultural barriers can hinder a therapeutic alliance with African American women DV victims. Participant stories in this study added to that research, discussing and describing verbal and non-verbal communication, preconceived notions, and stereotypes as cultural barriers to forming a working relationship with African American women DV victims. Participants communicated the reality of some counselors misunderstanding African American women's cultural norms and values and imposing their biases on the client, thus requiring ongoing assessments of multicultural competence, recognizing those cultural factors that can be an obstacle to working collaboratively.

Empathetic Understanding

This study revealed empathy as a critical component in helping counselors understand African American women's unique experiences. Some participants were forthcoming about their limitations in understanding African American women's encounters with DV. Other participants shared that their perceived connection with their African American women clients assisted them in better understanding their experiences, thus supporting an alliance characterized by mutual trust and respect. While this study revealed that a counselor may not fully understand or relate to that cultural group's encounters, all participants agreed that possessing an empathetic understanding supports a collaborative alliance in working toward safety and well-being.

Participants' used phrases, "the layers in the background," "understanding their plight in society," "valuing what they are in spite of their choices," and "the generational

things that have gone on,” to describe and emphasize the importance of possessing knowledge and an empathetic understanding of African American women’s individual experiences. Anyikwa (2015) and Mose and Gillum (2016) suggested that respecting and embracing African American women’s perspectives, which can be influenced by their cultural norms and values, is necessary and helps to bridge the gap that can interfere with strengthening a working alliance.

Understanding the Impact of Systemic Racism

Counselors understanding the challenges African American women face in their lived experiences with DV due to systemic racism is critical. The racial inequities that population experience within society and amongst various institutions can be a barrier to developing a therapeutic alliance.

Mistrust of the System

In sharing barriers recognized from personal encounters that can interfere with the development of an alliance between an African American woman DV victim and a counselor, all 11 participants identified institutional racism as a component of distrust for that cultural group. The emphasis participants placed on systemic racism as a reality for African American women complimented the research of Price (2012) and Ogbonnaya (2015), suggesting that African American women DV victims’ encounters with systemic racism and inequities causes mistrust of the system and an increased risk of domestic violence.

This study revealed that African American women’s skepticism and reluctance to engage formal support is influenced by their encounters with systems structured to meet the needs of the “dominate culture” (Price, 2012, p. 128). Institutions’ regulations,

policies, and procedures developed to respond to the phenomenon of DV can perpetuate institutional racism, causing disparities in domestic violence intervention with African American women victims. Participant C noted that their doubts and hesitations to engage formal support systems exist because they “do not have...trust” in those systems designed to help. Additionally, Participant F’s thoughts concluded that African American women’s fear of losing their children to the child welfare system and not wanting “them in my business” or their reluctance to call the law because when “I did call, nobody really helped me” adds to African American women’s feelings of mistrust in the system.

The data showed the need for counselors’ cultural sensitivity and understanding of how those encounters influence African American women’s help-seeking behaviors, as well as that group’s view of the therapeutic process. Al’Uqdah et al. (2016) referred to counselors’ internalized racism, which can expose their frustration or disappointment in African American women DV victims’ resistance to treatment. This study confirmed those researcher’s argument and revealed those behaviors and feelings that cause some counselors to perceive African American women as uncooperative or resistant to counseling support. Participants shared the following phrases: “it is not that the person does not want to be compliant,” “they do not want to seek [help], it is just the way we are brought up,” “I have also seen people cast, you know, another trope, the angry Black woman,” and “You know, walking out of a session and saying, ‘Oh, that went bad, they do not trust me,’ and then getting some animosity towards the client.” These sentiments allude to some counselors’ actions and notions of stereotyping African American women DV victims as uncooperative and angry.

The narratives of this study produced an argument that given the reality of

systemic racism encountered by African American women, they may rightly mistrust the therapeutic process. Those experiences with institutional injustices must be genuinely acknowledged and addressed by counselors. Understanding the influence of institutional racism on African American women's help-seeking behaviors can help to strengthen an alliance that encourages safety and life-altering decisions.

Access to Resources

Participants emphasized the lack of viable and accessible resources for African American women DV victims. This finding agrees with previous research which cited unequal access of economic resources (Taha et al., 2015). A noticeable difference in the results of this study, compared to Taha et al.'s (2015) research, is the focus on the challenges African American women face in equal access to key resources available within their communities. Several participants discussed their experiences with the disparities in resources within the neighborhoods where African American women reside. One participant shared that "systemically," resources are inadequate with a DV shelter "at least 20 miles away." Another participant's narrative demonstrated the fact that a portion of African American women live in areas where there is no access to education or employment opportunities in order for them to gain self-sufficiency. Inequalities in affordable housing, transportation, and childcare "disproportionately" affect African American women DV victims' ability to increase their chances of breaking the cycle of violence.

An interesting finding of this study was that 6 of the 11 participants experienced the stereotype of the strong Black woman as influencing African American women's hesitation in accessing available and viable resources. While African American women

may have access to needed support resources participants concurred that the expectation for that cultural group to be strong and endure extremely formidable circumstances influences their behavior in choosing not to seek formal support. That idea expanded on, and is consistent with, literature that discussed the expectation of African American women to persevere and maintain the care of their household even in strenuous situations (Heron et al., 1997).

One participant pointed out the need to individualize resources and services for African American women DV victims, as well as understand their background and history so as “to make sure the resources we give them are going to help them.” That participant’s idea indicates the importance of counselors embracing African American women’s protective factors which may not include formal supports.

According to Sullivan et al. (2018), Sue and Sue (2016), and Anyikwa (2015), programmatic responses to DV are grounded in formal supports. However, historically, African American women DV victims seek informal supports that can include family, spirituality, and friends. While the impact of informal supports is unclear, those supports are critical in forming an alliance to address African American women’s experiences with DV (Howell et al., 2018; Sullivan et al., 2018; Sue & Sue, 2016; Anyikwa, 2015).

In lieu of individualizing supports to African American women’s needs in the context of their culture, the embracement of protective factors can assist counselors in enhancing culturally informed practice to improve access to appropriate and accessible resources (Howell et al., 2018; Sue & Sue, 2016; Anyikwa, 2015).

Culturally Responsive Interventions and Approaches

Participants in this study discussed varying modalities of intervention utilized in

counseling African American women. However, results showed an agreement in strategies that yield positive therapeutic outcomes for African American women experiencing DV. Those strategies focused on acknowledging the influences of culture on the way they utilize formal counseling support. In addition, participants' perspectives on techniques in counseling African American women mirrored culturally sensitive treatment approaches that examine the actions and beliefs of African American women in connection with their cultural expectations.

The results of this study added to literature and provided focus on interventions and strategies that are well-grounded in the theory of multiculturalism, which can address the complexities of DV experienced by African American women (Al'Uqdah et al., 2016; Mose & Gillum, 2016; Roddy, 2013). The findings of those treatment approaches are discussed in the succeeding sections.

Collaborative

This study revealed components of a collaborative approach that helps to strengthen an alliance with African American women DV victims. Those elements include self-determination, respect for African American women's perspective of their lived experiences, unconditional positive regard, expelling assumptions, and non-domineering behavior. The effectiveness of a collaborative strategy matched previous research that discussed the need for intervention with African American women to encourage and focus on their resilience and ability to control their own destiny (Wahab et al., 2014). Respect for African American women's perspectives on their situations is another commonality with Wahab et al.'s (2014) study.

The elements of possessing a presumptuous and overbearing stance with African

American women DV victims were unique to this study. Participants emphasized that those elements are inconducive to building a relationship with African American women who need to feel a sense of being in control of their destiny. The idea of presuming to know more, as well as monopolizing the therapeutic process, excludes African American women DV victims and provides unilateral direction. Additionally, that school of thought relays to an African American woman client that the counselor is the expert in that client's lived experiences and knows the best path for that woman to regain independence after a life of being abused. For one participant, "taking the backdoor approach, not being the expert" describes a counselor who is humble and willing to "marry research" with an African American woman client's perspective of her encounters with DV.

To embrace African American women's perspectives on their situations, this study found questions a counselor could pose to an African American woman DV victim.

Figure 7

Appropriate Questions to Ask African American Woman DV Victims

"What do you think about that?"	
"Do you agree or disagree?"	
"How do you think that applies to you?"	
"How can we take you closer to that ideal?"	
"How is this playing out in your life?"	
"What do you need?"	
"Tell me what I can do to help you."	

The intent of asking those questions is to acknowledge African American women as experts regarding their experiences, bringing value to the therapeutic process and thus

encouraging a collaborative relationship that strengthens an alliance with African American women DV victims.

Strength-based

The results of this study added to the value of implementing a strength-based approach in supporting African American women victims of DV. The inequities experienced by African American women and how they affect that group's capacity to overcome obstacles was a focus. The phrases, "to experience the oppression and inequality, the injustice, and still get up in the morning and still care for themselves," "understanding how you can be so strong and endure all that and still keep moving forward," "I do think that people who have been systemically oppressed, trans-generationally, that there is this expectation, and it is not always acknowledged as resilience," and "it takes a unique inner strength to do that" describe African American women DV victims' ability to survive and in some cases overcome despite inequities encountered.

According to Al'Uqdah et al. (2016), social oppression and discrimination add to the complexities of the DV encountered. The literature identified poverty, unemployment, lack of education, and other external factors that complicate African American women DV victims' experiences with DV and influence their help-seeking behaviors (Al'Uqdah et al., 2016; Mose & Gillum, 2016; Wilson et al., 2015). This study's results support those studies, recognizing systemic racism as oppressing African American women and hindering their ability to flourish beyond their circumstances.

This study showed that overcoming the barrier of racism requires perseverance. Some African American women may overlook past accomplishments and their capacity

to problem-solve. They can benefit from counselors who will engage them in strategies that can help identify their strengths and abilities to thrive beyond adversities. One participant talked about her approach in assisting African American women DV victims to recognize their inner-strengths, by encouraging them to “write me a list.....all the things that you know you are good at.” This strategy aligns with research which indicated that it is a counselor’s professional responsibility to cultivate an alliance that will support African American women in identifying inner strengths to overcome impediments (Wahab et al., 2014).

In this study, motivational interviewing (MI) surfaced as a strengths-based approach found to be effective with African American DV victims. Previous literature cited MI as effective in cultivating trust, empowering, and meeting African American women DV victims where they are (Wahab et al., 2014). Additionally, MI allows for intervention to be collaborative, providing choices and embracing the client’s perspective on their situation. Unlike previous literature, the findings of this study emphasized utilizing MI to not only assist African American women DV victims to identify their strengths but also to problem-solve, helping African American women to identify their power to conquer the most difficult situations of injustices, bringing about positive change in their lives.

Empowerment

This study concluded that interventions with African American women DV victims should include strategies of collaboration, approaches that focus on African American women’s abilities to be resilient and resourceful, and tactics that seek to empower. Those results agree with Wahab et al.’s (2014) research, which recognized

collaborative work with African American women as a strategy to cultivate inner-strengths. While the empowerment perspective presented in literature highlighted the importance of helping African American women combat the psychological effects of DV to achieve positive change, participants in this study emphasized utilizing the empowerment approach to focus on bringing attention to the social impact of DV.

Results that particularly stood out were participants' narratives about social injustices which disempower African American women, limiting opportunities for them. This study found, as did other research, that utilizing the empowerment approach can focus on working with African American women to address how the complex and many political, historical, and social factors impact their behaviors and beliefs (Al'Uqdah, Maxwell, & Hill, 2016). The idea of equipping African American women with tools and resources is to encourage them to address inequalities that interfere with their ability to gain control of their lives. Given that Wilson et al. (2015) found that social oppression perpetuates DV, which is particularly true for African American women DV victims, the empowerment approach is valuable in assisting those women in confronting the injustices that oppress them.

Previous literature acknowledged psycho-education as an appropriate intervention technique to merge with MI (Wahab et al., 2014). However, specific benefits of psycho-education to African American women were unspoken. This study added focus to the advantages of incorporating psycho-education in the therapeutic process with African American women. The results revealed psychoeducation as essential in de-normalizing DV within the lived experiences of that culture and educating African American women DV victims on the dynamics of DV. This idea was found to be key in empowering,

considering that some African cultures view physical abuse as a sign of love, therefore normalizing abuse and silencing victims who accept the abuse as a part of their cultural norms (Mose & Gillum, 2016). Mose and Gillum's (2016) research findings coincided with those of this study, which also indicated that African American women may normalize situations that occur from generation to generation.

This study demonstrated that empowerment-based strategies instill hope and help African American women DV victims acknowledge, understand, and accept their current realities, believing that circumstances can change. Additionally, embracing the empowerment perspective to encourage positive change involves developing a therapeutic alliance that educates and devises collaborative, culturally relevant interventions.

Conclusions

This study's results provided insight into factors of multicultural counselor competence that can influence a working relationship with African American women who experience DV. Participants' discussions produced four major themes: 1. Client's belief in the therapeutic process 2. Counselors understanding of African American women's individual experiences 3. Counselors' understanding of the impacts of systemic racism and 4. Implementation of culturally responsive interventions. The attributes of those themes added focus to understanding how a culturally competent counselor can effectively engage African American women in the therapeutic process.

While the participants' lived experiences may not be representative of all counselors, their insights provided a roadmap of practice that is responsive to the needs of African American women DV victims in the context of their culture. A focus on

culturally sensitive practice with African American women allows for a more comprehensive understanding of the complex and multiple political, historical, and social factors that influence the thoughts and behaviors of African American women DV victims (Al'Uqdah, Maxwell, & Hill, 2016, p. 883).

The findings of this study demonstrate the importance of considering African American women's cultural norms and values and their perspective of their experiences with DV. While African American women experience DV at a higher rate than any other cultural group in the United States and have a greater risk of suicidal ideations, low self-esteem, feelings of hopelessness, and self-doubt, they are least likely to seek out formal support services (Anyikwa, 2015; Taha et al., 2015).

The outcomes of this study highlighted practice concerns centered on African American women DV victims' help-seeking behaviors and counselors' abilities to maximize DV support to that cultural group, thus suggesting, as the Taha et al. (2015) research did, that culturally relevant practice with this group is critical. Therefore, ongoing assessment of multicultural counselor competence, evidenced in the attributes of client's belief in the therapeutic process, understanding of individual experiences, understanding the impact of systemic racism, and the implementation of culturally responsive interventions, will be essential in cultivating an alliance with African American women DV victims.

Implications for Education & Practice

This study provides counselors and other mental health professionals and providers with research-based information, related to culturally relevant intervention and strategies with African American women DV victims. The information gained from this

study can be utilized in developing future educational trainings and opportunities that will enhance practice with African American women. For example, using the findings of this study to encourage mandated professional development for those who work with African American women and other marginalized groups who experience DV may serve to increase that group's confidence in formal support services.

Participants' insights into institutional racism, which hinders African American women DV victims' access to available and appropriate services, can serve as a guide to increasing and enhancing resources within that group's community. Due to the complexities of DV that exist in African American women DV victims' culture, that group must be well equipped with resources that can most effectively meet their unique needs. This study provided a description of the resources lacking and needed to assist African American women in increasing their capacity to be independent.

This study added to current research about African American women DV victims distrust in the system, including their feelings of relatedness with the counselor. Participants provided insight into African American women's perceived challenges of working with counselors who are of a different race, ethnicity, or culture. These findings can assist counselors who differ in culture norms and values by increasing their understanding of the cultural barriers to cultivating a therapeutic alliance with African American women DV victims.

Recommendations for Research

While previous research indicated the importance of examining counselors' perspectives of the components that develop a therapeutic alliance, exploring the "dyadic nature" of a counselor-client relationship was viewed as most effective (Reading et al.,

2019; Kivlighan, 2007, p. 423). Therefore, one notable recommendation for future research would be a qualitative inquiry of African American women DV victims' perspective on multicultural counselor competence in supporting the uniqueness of that group's needs.

Recruitment of participants was challenging, with a final count of 11 participants who were all female. Therefore, efforts to duplicate this study from male counselors' perspective may provide different points of view that could add value to understanding those components of multicultural counselor competence that serve to develop an alliance with African American women DV victims.

In accordance with Goodman et al.'s (2016) research, this study relayed uncertainty as to how or if counselors sharing the same ethnicity and race with the client is a component that cultivates and strengthens a therapeutic alliance with African American women. Given that the issue is debatable, research would be warranted to explore African American women's perspectives on barriers to working with counselors of a dissimilar class.

As indicated by participants' narratives, African American women's fear of being stereotyped and misunderstood by counselors who are of a different ethnic group is a reality that can influence African American women's help-seeking behaviors. The need for those counselors to acknowledge and respect African American women's perspectives on their experiences with the therapeutic process is imperative to building an alliance of trust.

Participants' narratives provided much discussion about systemic racism and the influence on African American women experiences with DV. The need for the

counseling profession to address the impact of injustices and discrimination encountered by marginalized groups is critical to supporting African American women. According to Sue and Sue (2016), counselors who have an understanding of their reactions to society's problem of oppression of African Americans and other marginalized groups are at an advantage in shaping cultural competence. Therefore, a valuable research goal would be to explore counselors' knowledge of institutional racism experienced by African American women DV victims and how gaining such information could assist in engaging African American women from a more complex and contextual understanding (Sue & Sue, 2016; Taha et al., 2015). Subsequent research in this area could also encourage systems' responses to this concern. An example could be the development of affordable housing, employment opportunities or childcare, all of which were found to be lacking and disproportionately affecting African American women DV victims' abilities to be independent of their abusers.

Increasing multicultural competence can be addressed by counselors taking a proactive stance. One active way to increase multicultural competence is for counselors to confront their own embedded biases, which can cause judgmental and assumptive behaviors toward African American women who experience DV. The results of this study agreed with Sue and Sue's (2016) research, which posited that becoming a counselor who is multiculturally competent is a lifelong journey of self-exploration and begins with understanding oneself as a "cultural being" who examines their prejudices (p. 5). One White participant discussed the importance of self-discovery and understanding how a counselor's engrained values and cultural norms can impact the therapeutic alliance with African American women. That participant discussed how a counselor's upbringing can

influence tendencies to reject worldviews that differ from their own. She admitted that her journey is a continuous pursuit of multicultural competence to understand her African American women clients' flights to wellness.

Self-education is another approach to pursuing an understanding of the influence of culture on African American women's experiences with DV. The findings of this study revealed the importance of counselors taking initiatives to research and read relevant literature about African American culture and experiences. Participants' narratives revealed the value of reading non-fiction as well as fiction to provide insight into how African American women perceive their encounters with DV. Consultations with African American colleagues is another way counselors can enlighten themselves about African American women's lived experiences.

Tummala-Narra et al. (2012) argued that a counselor's cultural competence can be assessed by their assimilation to different cultures. In addition to reading and conferencing with coworkers, counselors' exploration of their African American women clients' culture can also include participating in events that celebrate that group's heritage, watching movies that depict African Americans' struggles and triumphs, and participating in trainings geared toward cultural awareness.

A finding unique to this study, providing an avenue for counselors to increase their cultural competence, is the notion of counselors asking questions rather than making assumptions about African American women's lived experiences. That outcome indicated that asking questions limits counselors preconceived ideas about African American women's experiences and supports counselors' knowledge of the impact DV has on how African American women view formal supports.

Final Thoughts

This study provided insight into multicultural counseling competence in addressing the complexities of DV experienced by African American women. The following themes developed: 1. Clients' belief in the therapeutic process 2. Understanding individual experiences 3. Understanding impact of systemic racism and 4. Culturally responsive interventions and approaches. Those themes focused on the central elements of a culturally competent counselor which include respecting African American women's perspectives and comprehending how a counselor's value system can influence therapeutic outcomes with that group. The concentration on multicultural counselor competence conveyed a deeper understanding of the benefits in supporting African American women in the context of their culture and real-life experiences.

Counselors must embrace a multicultural perspective in counseling African American women who experience DV. Counselors who demonstrate multicultural competence are at an advantage in effectively working with and being attuned to the voices of African American women. Counselors' abilities to engage African American women in a positive therapeutic alliance help to increase the probability of that cultural group viewing formal supports as trustworthy, and to assist in effecting favorable therapeutic outcomes.

The hope is that this study increases knowledge of culturally sensitive practice with African American women as well as sparks interest in further research that will continue to enhance practice with African American women experiencing domestic violence.

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LIST OF APPENDICES

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APPENDIX A

Request to Participate in Research Email

Request to Participate in Research

Greetings,

My name is Andrea F. Kenney and I am a student at National Louis University, earning a Doctoral degree in Counseling Psychology. You are invited to participate in my research study, “A Qualitative Phenomenological Study of Counseling Support to African American Women Experiencing Domestic Violence.” The purpose of this study is to examine how counselors experience and understand the role of multicultural counselor competence in developing a therapeutic alliance with African American women victims of domestic violence. I am seeking participants who meet the following minimum inclusion criteria:

- Licensed or non-licensed graduate level mental health counseling professional
- Have past or present experience in counseling African American women victims of domestic violence.

Participation in this study is completely voluntary and you can choose to withdraw at any point during the study. Participants will be asked to engage in the following activities:

- Review and sign an informed consent.
- Attend one face-to-face interview with the researcher via Zoom. The interview will be recorded and approximately one hour.
- Review the interview transcripts for accuracy and feedback.

Participants’ identity will be concealed with a pseudonym and confidentiality regarding participation will be maintained. Your participation and input could assist the counseling profession and other professions or organizations seeking to enhance practice with African American women victims of domestic violence.

If you are interested in participating, please respond to this email or email me directly at akenney1@my.nl.edu. Please feel free to share this email with fellow colleagues who may also meet the criteria for participation.

If you have any questions about this study, you may contact me at the following phone number: (813) 479-7616 or email akenney1@my.nl.edu.

Respectfully,

Andrea F. Kenney, MSW

Doctoral Candidate Counseling Psychology

National Louis University

Akenney1@my.nl.edu

APPENDIX B

Informed Consent

Informed Consent

My name is Andrea F. Kenney, and I am a student at National Louis University, earning a Doctoral degree in Counseling Psychology. I am asking you to participate in this study, “**A Phenomenological Study of Counseling Support to African American Women Experiencing Domestic Violence.**” The purpose of this study is to explore and describe how counselors experience and understand the role of multicultural counselor competence in developing a therapeutic relationship with African American women victims of domestic violence. This study may assist in expanding counselors’ knowledge of domestic violence intervention with African American women. In addition, this study may serve to spark counselors’ self-awareness of worldviews that can be met with resistance. This form outlines the purpose of the study and provides a description of your involvement and rights as a participant. Participation in this study will include:

- Review and sign an informed consent.
- Attend one face-to-face interview with the researcher via Zoom video communication that will be recorded and approximately one hour in length.
- Review the interview transcripts (provided ASAP after the interview) for accuracy and feedback. You will be allowed one week to review and make minor revisions to share with the researcher. If no additional input is received, data will stand as transcribed (Appendix G).

Your participation is voluntary and can be discontinued at any time without penalty or bias. The results of this study may be published or otherwise reported and employed to guide counseling practice with African American women victims of domestic violence. To ensure confidentiality, participants’ identities will in no way be revealed (data will be

reported anonymously and bear no identifiers that could connect to individual participants). Pseudonyms will be used throughout the study to help protect the anonymity of participants.

Recorded interviews will be secured through Zoom Video Communications' privacy and security settings. Hand-written memos will be stored in the researcher's home security safe box located within the researcher's personal home office. Only the researcher will have access to the raw data. Data collected and analyzed will be retained for three years. Electronic files will be safeguarded through password protection and hard copies of data will be safeguarded in the researcher's home security safe box. After three years, the electronic files will be deleted and all hard copies of data will be shredded.

There are no anticipated risks or benefits, no greater than that encountered in daily life. Further, the information gained from this study could be useful to the counseling profession and other professions or organizations seeking to enhance practice with African American women victims of domestic violence.

Upon request you may receive summary results from this study and copies of any publications that may occur. Please email the researcher, Andrea F. Kenney at akenney1@my.nl.edu to request results from this study.

In the event that you have questions or require additional information, please contact the researcher, Andrea F. Kenney, at akenney1@nl.edu, or at (813) 479-7616. Thank you for your consideration.

If you have any concerns or questions or if harm is experienced before or during participation in this process that has not been addressed by the researcher, you may contact the Chair of this study, Dr. Martin Wesley; email: mwesley@nl.edu; phone: (813)

439-7676. Additionally, you can contact the cochair of NLU's Institutional Research Board: Dr. Shaunti Knauth; email: Shaunti.Knauth@nl.edu; phone: (312) 261-3526; or Dr. Kathleen Cornett; email: kcornett@nl.edu; phone: (844) 380-5001.

Consent: I understand that by signing below, I am agreeing to participate in the study “**A Phenomenological Study of Counseling Support to African American Women Experiencing Domestic Violence.**” My participation will consist of the activities below during *XX time period*:

- Review and sign an informed consent
- Attend one face-to-face interview with the researcher via Zoom video communication that will be recorded and approximately one hour in length.
- Review the interview transcripts (provided ASAP after the interview) for accuracy and feedback. You will be allowed one week to review and provide feedback to the researcher. If no additional input is received, data will stand as transcribed.

 Participant's Signature

 Date

 Researcher's Signature

 Date

APPENDIX C

Notification Email of Meeting Requirements for Study

Greetings,

Thank you for your interest in participating in my research study. Your ability to speak openly about the phenomenon of study is important and valuable and I look forward to our interview regarding your experiences with counseling African American women victims of domestic violence.

I am respectful of your time and want to ensure the meeting is scheduled at your convenience. Therefore, I created a Doodle poll with several options to schedule an interview. Please click on the below link to choose a convenient interview time for you. If you find the available dates and time are inconvenient, please contact me so that we can schedule a time to interview that will work for both of us. Our individual face-to-face interview (approximately 60 minutes) will be held via Zoom.

Attached to this email is the informed consent for you to review and sign consenting to voluntary participation. Upon review and signature, I ask that you return the informed consent via email. Once informed consent is received, I will secure the date and time of your choice and send a Zoom link invitation to join the interview. As the meeting date approaches, I will send an email reminder of the scheduled interview.

I appreciate your interest and time in supporting this research. If you have any questions, please do not hesitate to contact me.

Respectfully,

Andrea F. Kenney, MSW

Doctoral Candidate Counseling Psychology

National Louis University

Akenney1@my.nl.edu

APPENDIX D

Interview Reminder Email

Hello *** name!

Please accept this email as a reminder of our upcoming one-on-one interview scheduled for: ***day, date at ***time via Zoom. Again, I anticipate that the interview will last approximately 60 minutes.

I look forward to our dialogue regarding your experiences with counseling African American women victims of domestic violence. For your convenience, please find below the Zoom link invitation sent previously to join the scheduled interview.

Again, I value your interest and effort in this project. Please do not hesitate to contact me with questions.

Respectfully,

Andrea F. Kenney, MSW

Doctoral Candidate Counseling Psychology

National Louis University

Akenney1@my.nl.edu

APPENDIX E
Interview Protocol

Interview Protocol

Time of interview:

Date:

Interview platform:

Interviewer: Andrea F. Kenney, MSW

Interviewee: ***Pseudonym

Introduction:

Thank you again for your willingness to participate in the interview aspect of my study. As I have shared previously, my study seeks to explore and describe how counselors experience and understand the role of multicultural counselor competence in developing a therapeutic relationship with African American women victims of domestic violence. Previously, you were provided a consent requesting your permission to record audio of our conversation. The informed consent indicated:

- Your participation is strictly voluntary.
- Your right to confidentiality, which means no one besides the researcher will know your identity.
- Only the researcher will have access to the data, and records of this study will be kept private and securely stored.
- You can be provided a summary of the results for this study.
- You have the right to opt out of answering any questions that you are uncomfortable in answering.

Before we begin the interview, do you have any questions? [Listen and discuss questions]

Icebreaker Question:

1. Will you briefly describe your counseling experience to include your credentials, education, and present position?

Questions:

1. Based on your experiences, how do you understand the role of multicultural counselor competence in developing a therapeutic alliance with African American women domestic violence victims?
2. In your experiences, what are some of the barriers faced by African American women domestic violence victims?
3. Describe the most important counselor characteristics you believe are needed to effectively work with and support African American women domestic violence victims.
4. As you think about your clients, describe those components that develop a therapeutic relationship with African American women domestic violence victims.
5. What means do you utilize to understand the experiences of African American women victims of domestic violence?
6. In your experiences, what factors are important to consider in counseling African American women victims of domestic violence?
7. How would you describe your theoretical approach in working with African American women victims of domestic violence?

Appendix F

Debriefing Research Participants

Debriefing Research Participants

I want to thank you for your participation in this study. Your time and information provided are valuable and greatly appreciated! The informed consent you received informed you of the purpose of the study which, again, is to explore and describe how counselors experience and understand the role of multicultural counselor competence in developing a therapeutic relationship with African American women victims of domestic violence. Additionally, this study may assist in expanding your own and other counselors' knowledge of domestic violence intervention with African American women. Ensuring your well-being is important to me. Therefore, confidentiality and anonymity have been and will be maintained throughout the research process, including the presentation of findings. All personal information and collected data will be securely maintained in both written and digital formats. Digital data will be stored on a password-protected hard drive. All written data will be kept in a security safe box accessible to only the researcher.

As noted in the informed consent which you signed, if you have any concerns or questions or if you believe harm was experienced before or during participation in this process that has not been addressed by the researcher, you may contact the Chair of this study, Dr. Martin Wesley; email: mwesley@nl.edu; phone: (813) 439-7676. Additionally, you can contact the cochairs of NLU's Institutional Research Board: Dr. Shaunti Knauth; email: Shaunti.Knauth@nl.edu; phone: (312) 261-3526; or Dr. Kathleen Cornett; email: kcornett@nl.edu; phone: (844) 380-5001.

As this interview comes to a close, what questions or concerns do you have that I can address?

Appendix G

Member Checking Email to Participants

Member Checking Email to Participants

Dear Participant:

Thank you for your participation in this study concerning the role of multicultural counselor competence in developing a therapeutic relationship with African American women victims of domestic violence. Please find attached a transcription of your interview held on XXX date, via Zoom. Please review the transcript for accuracy and feedback. You will have seven (7) days from receipt of this email to provide me with a list of those revisions. If you have no requested revisions, please respond back to this email with “I (insert participant’s name) confirm this recording transcript to be satisfactory for submission.” A non-response within seven (7) days will be taken as a confirmation of satisfaction with the original transcript.

If you have any questions, please feel free to contact me at akenney1@nl.edu or (813) 479-7616.

Warm Regards,

Andrea Kenney, MSW

Doctoral Candidate Counseling Psychology

National Louis University

Appendix H

Zoom Link Invite Email

Hello

Again, thank you for consenting to participate in the interview portion of this research.

Below is the Zoom link invite. I look forward to meeting you!

Andrea Kenney is inviting you to a scheduled Zoom meeting.

Topic: Participant Interview

Time: XXXX, XXXX XX:XX XM Eastern Time (US and Canada)

Join Zoom Meeting

XX

Meeting ID: XXX XXXX XXXX

Passcode: XXXXXX

I look forward to meeting you!

Warm Regards,

Andrea Kenney

Doctoral Candidate Counseling Psychology

National Louis University

Signature Certificate

Document Ref.: JZYYV-C6QOZ-VQSHU-HLVFM

Document signed by:

	<p>Joffrey Suprina Verified E-mail: joffreysuprina@gmail.com</p>	 
<p>IP: 96.59.206.4 Date: 12 Nov 2021 00:08:44 UTC</p>		

Document completed by all parties on:
12 Nov 2021 00:08:44 UTC

Page 1 of 1



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